FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		C	CCC Form 481 DMB Control No. 3060-0 uly 2013	986/OMB Control N	o. 3060-0819
<010>	Study Area Code	469027				
<015>	Study Area Name	Tempo Telecom LLC				
<020>	Program Year	2016				
-	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytempo	o.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required (check box whe	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached works	sheet)	(check box whe	in complete)
<200>	Outage Reporting (voice)		(complete attached works	sheet)		~
<210>	< check box if no	outages to report				11111
<300>	Unfulfilled Service Requests (voice)			٦		
∠310 <b>\</b>	Detail on Attempts (voice)					
<b>\310&gt;</b>	betail off Attempts (voice)					
				(attach descriptive doc	rument)	
		+				
<320>	Unfulfilled Service Requests (broadband)			٦		11111
<330>	Detail on Attempts (broadband)					
.550	1			(attach descriptive do	ocument)	
<100×	Number of Complaints per 1,000 customers (voice)					
<400> <410>	Fixed Fixed					
<420>	Mobile					
<430>	Number of Complaints per 1,000 customers (broadl	band)				181818
<440> <450>	Mobile					
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certific	cation)		
<510>			(attached descriptive o	document)		
<600>	Functionality in Emergency Situations		(ab act, to indicate contifi			
<b>\0000</b>	runctionality in Emergency Situations		(check to indicate certific	ation		
			(attached descriptive doci	ument)		
<610>						
					H	11111
00	Company Price Offerings (voice) Company Price Offerings (broadband)		(complete attached work (complete attached work			
<800>			(complete attached work			~
<900>	Tribal Land Offerings (Y/N)?	(if ye	s, complete attached work	ſ		
<1000>	Voice Services Rate Comparability Certification			l		
<1010>	>		(attach descriptive docu	ment)		
<1100>	> Certify whether terrestrial backhaul options exist (	Yes or No)	(if not, check to indicate	e certification)		
<1110>			(complete attached worl	ksheet)		
<1200>	Terms and Condition for Lifeline Customers		(complete attached worl	ksheet)		V
	Price Cap Carriers, Proceed to Price Cap Additional					
<2000>	Including Rate-of-Return Carriers affiliated with Pr	ice Cap Local Exchange (	Carriers (check to indicate certific	ation)		
<2005>			(complete attached work			

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to  $\underline{\text{ROR Additional Documentation Worksheet}}$ 

<3000>

<3005>

	ervice Quality Improvement Reporting Illection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	469027	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.c	om
<110>	Has your company received its ETC certification from the FCC?	(yes / no )	0
-1115	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(,,,, (,,,, )	
<111>	year plant filled with the PCC?	(yes / no )	0
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.		
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
		<del></del>	Name of Attached Document
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to impr		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	469027
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	<b>Customers Affected</b>		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	469027
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
ŀ	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
ŀ									
ŀ									
ŀ									
j									
Ì									
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	469027
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
ŀ									

(800) Op	erating Companies	FCC Form 481		
Data Coll	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
			July 2013	
<010>	Study Area Code	469027		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.		

<810>	Reporting Carrier	Tempo Telecom, LLC
<811>	Holding Company	Birch Equity Partners, LLC
<812>	Operating Company	Tempo Telecom, LLC

<039> Contact Email Address - Email Address of person identified in data line <030> shary1.fowler@mytempo.com

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-			
-			
-	See atta	ched workshe	et
-			
-			
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	oal Lands Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0 July 2013	)819
<010> <015> <020> <030> <035> <039>	Study Area Code  Study Area Name  Program Year  Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  Tribal Land(s) on which ETC Serves	Tempo Telecom LLC  2016 Sharyl Fowler 4784761165 ext. • sharyl.fowler@mytempo.com	
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
6 54 313(a)(9) includes:  Yes		Select /es or No or Not Applicable	

/4400\ A	to Towns and the Line of the control of		
-	Io Terrestrial Backhaul Reporting llection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010> <015> <020> <030>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data	469027 Tempo Telecom LLC 2016 Sharyl Fowler	
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext.	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

	rms and Condition for Lifeline Customers	FCC Form 481
Lifeline Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	469027
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP ht	ttp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	469027	
<015>	Study Area Name		
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016 Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	shary1.fowler@mytempo.com	
		Didi/1.10w1c1cm/ccmpo.com	
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforn	· · · · · · · · · · · · · · · · · · ·	• ,, , • ,,
Connect		ation reported on this form and in the documents attached bei	ow is accurate.
<2010>	Incremental Connect America Phase I reporting 2nd Year Certification {47 CFR § 54.313(b)(1)i}		
<2010>	* * * * * * * * * * * * * * * * * * * *		=
<2011d>	s of tear certification (47 CFR § 54.515(D)(1)))		
<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Description (A) Listing (	Described to form which
		Name of Attached Document(s) Listing F	Required Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}		
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>			
<2017>	Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification		
<2018	ora year broadband oct vice ectinication		
<2019	Still year broadballa Service Certification		
<2020>		2021 contains the required information	
12020	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support sl	all provide the number, names, and	
	addresses of community anchor institutions to which began providing		
	preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions		
		1	
		Name of Attached Document(s	s) Listing Required Information

(3000) Ra	3000) Rate Of Return Carrier Additional Documentation FCC Form 481				
Data Coll	ection Form		OMB Control No.	3060-0986/OMB Control No. 3060-0819	
			July 2013		
-					
<010> <015>	Study Area Code Study Area Name	469027			
<020>	Program Year	Tempo Telecom LLC 2016			
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler			
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com			
10337	contact Email Address Email Address of person identified in data line xosos	SHALY1.IOWIEI@MYCEMPO.COM			
CHECK t	he boxes below to note compliance on its five year service quality plan (pursu	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring c the information reported on this form and in the documents attach	-	nancial reporting requirements set forth in 47	
	City 34.313(1)(2). Huttier termy that	the information reported on this form and in the documents attached	ed below is accurate.	1	
(3010)	Progress Report on 5 Year Plan				
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}			J	
		Name of Attached Document Listing Required Informa	tion		
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and ado providing access to broadband service in the preceding calendar year.				
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}				
		Name of Attached Document Listing Required Information			
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	ĮQ.		
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	)()		
Please	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2	) compliance require	s:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)				
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	Cash Flows		_	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation				
	report and an required documentation				
		Name of Attached Document Listing Required Information	$\sim$	_	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)			
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to $\S$ 54.313(f)(2), contains				
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunication	s [		
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows			
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit			
	If the response is no on line 3018, please check the boxes below				
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:				
(3022)	Copy of their financial statement which has been subject to review by an				
(3022)	independent certified public accountant; or 2) a financial report in a				
	format comparable to RUS Operating Report for Telecommunications				
(25	Borrowers,				
(3023)	Underlying information subjected to a review by an independent certified public accountant		声		
(3024)	Underlying information subjected to an officer certification.				
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows			
			ı		
(3026)	Attach the worksheet listing required information				
			ı		
		(1) (1)			
		Name of Attached Document Listing Required Information			

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	469027
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

Financial Data Summary			
Financial Data Summary			
(3027) Revenue			
(3028) Operating Expenses			
(3029) Net Income			
(3030) Telephone Plant In Service(TPIS)			
. , ,			
(3031) Total Assets			
(3032) Total Debt			
(3033) Total Equity			
(3034) Dividends			
(303 I) Dividends			

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	469027
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 469027 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agen	t / Carrier	FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Are	a Code	469027
<015> Study Are	a Name	Tempo Telecom LLC
<020> Program	/ear	2016

4784761165 ext.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> shary1.fowler@mytempo.com

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carr also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.							
Name of Authorized Agent:							
Name of Reporting Carrier:							
Signature of Authorized Officer:	Date:						
Printed name of Authorized Officer:							
Title or position of Authorized Officer:							
Telephone number of Authorized Officer:							
Study Area Code of Reporting Carrier:	Filing Due Date for this form:						

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

Certification of Agen	t Authorized to File Annual Reports for CAF or LI Recipion	ents on Behalf of Reporting Carrier
	thorized to submit the annual reports for universal service suppor e reporting carrier; and, to the best of my knowledge, the informa	• • • • • • • • • • • • • • • • • • • •
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Age	nt	
Telephone number of Authorized Agent or Employee of A	Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		469027
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	SAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>		4784761165 ext.
<039>	Contact Email Address - En	mail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

Inc.  a, Inc.  y, LLC	SAC 269043	Birch Communications Birch Communications
a, Inc.	269043	
a, Inc.	269043	
	269043	
	269043	
	269043	
Ty, LLC	269043	Rirch Communications
		DITCH COMMUNICACIONS
		Birch
		Birch
.P		Birch Communications
		Birch Communications
		Birch Communications
		Birch Communications
1.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
es, Inc.		Birch Communications
		Birch Communications
theast, Inc.		Birch Communications
! <b>.</b>		Birch Communications
!.		Birch Communications
		Birch Communications
1.		Birch Communications
		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		o	CC Form 481 MB Control No. 3060-0 lly 2013	986/OMB Control I	No. 3060-0819
<010>	Study Area Code	519014				
<015>	Study Area Name	Tempo Telecom LLC				
<020>	Program Year	2016				
-	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytempo	o.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required (check box who	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached works	heet)	(CHECK DOX WIN	The state of the s
<200>	Outage Reporting (voice)		(complete attached works	heet)		~
<210>	< check box if no	outages to report		Г		
<300>	Unfulfilled Service Requests (voice)			<b>.</b> 1	!	
<b>∠210</b> ∖	Detail on Attempts (voice)					
<b>\310&gt;</b>	betail off Attempts (voice)					
				(attach descriptive doc	ument)	
<320>	Unfulfilled Service Requests (broadband)			7	-	
<330>	Detail on Attempts (broadband)					
.550	1			(attach descriptive do	cument)	
<100×	Number of Complaints per 1,000 customers (voice)					
<400> <410>	Fixed Fixed					
<420>	Mobile					
<430>	Number of Complaints per 1,000 customers (broadl	band)				
<440> <450>	Mobile Hixed					
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certific	ation)		
<510>			(attached descriptive d	ocument)		
4C005	Europhia and like in European and Cita antique					
<600>	Functionality in Emergency Situations		(check to indicate certifica	ation)		
			(attached descriptive docu	ment)		
<610>						
	Company Price Offerings (voice)		(complete attached works			
<710> <800>	Company Price Offerings (broadband) Operating Companies and Affiliates		(complete attached works (complete attached works			V
	Tribal Land Offerings (Y/N)?	(if ye.	s, complete attached works			
<1000>	Voice Services Rate Comparability Certification			Į.		
<1010>	>		(attach descriptive docur	ment)		
				•		
<1100>	> Certify whether terrestrial backhaul options exist (	Yes or No)	(if not, check to indicate	certification)		
<1110>		<b>3 3</b>	(complete attached work	sheet)		
	· Terms and Condition for Lifeline Customers		(complete attached work			V
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Worksh	eet			
<2000>	Including Rate-of-Return Carriers affiliated with Pr	ice Cap Local Exchange (		rtianl		
<2005>			(check to indicate certificate) (complete attached works)			

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to  $\underline{\text{ROR Additional Documentation Worksheet}}$ 

<3000>

<3005>

	ervice Quality Improvement Reporting Ilection Form			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	519014		
<015>	Study Area Name	Tempo Telecom LL	c	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@myt	empo.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no	00	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no	$\mathcal{O} \mathcal{O}$	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a		
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year		Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets			_
<114>	Report how much universal service (USF) support was received			
<115>	How much (USF) was used to improve service quality and how support was used to improve	ove service quality		
<116>	How much (USF) was used to improve service coverage and how support was used to imp	prove service coverage		
<117>	How much (USF) was used to improve service capacity and how support was used to improve	rove service capacity		7
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	519014
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	<b>Customers Affected</b>		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	519014
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
			(		Residential Local			Mandatory Extended Area	
ŀ	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	519014
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
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(800) Operating Companies		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010> Study Area Code	519014	

<010>	Study Area Code		519014
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person	USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Num	nber - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom I.I.C	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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	bal Lands Reporting lection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-08  July 2013	819
<010> <015> <020> <030> <035> <039>	Study Area Code  Study Area Name  Program Year  Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  Tribal Land(s) on which ETC Serves	Tempo Telecom LLC  2016 Sharyl Fowler 4784761165 ext. • sharyl.fowler@mytempo.com	
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
to confi demons	3(a)(9) includes:	Select /es or No or Not Applicable	

-	lo Terrestrial Backhaul Reporting		FCC Form 481
Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-			
<010>	Study Area Code	519014	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	i	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

	rms and Condition for Lifeline Customers	FCC Form 481
Lifeline Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<b>Duta 60</b>		
<010>	Study Area Code	519014
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP ht	tp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

Data Collection Form  Including Rates of Fetura Carriers offiliated with Price Cap Local Exchange Carriers    Author Code	(2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
OILD Study Area Code  OILD Study Area Name  Program Year  OILD Study Area Name  OILD	Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Study Area Name   Standard   Tempo vesteous LID	Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
Study Area Name   Standard   Tempo vesteous LID				
CODD. Program Year  CODD. Program Year  CODD. Program Year  CODD. Program Year  CODD. Contact Name. Person USAC should contact regarding this data  CODD. Program Year  CODD. Year Section (Apr. 1997)  CODE Year Section (Apr. 1997)	<010>	Study Area Code	E1001#	
2019 Contact Name - Person USAC should contact regarding this data 2019 Contact Name - Person USAC should contact regarding this data 2019 Contact Telephone Number - Number of person identified in data line <030	<015>	Study Area Name		
Contact Telephone Number - Number of person identified in data line <030> 030> 030> 030> 030> 030> 030> 030>	<020>	•		
Contact Templi Address - Email Address of person identified in data line <0305  Contact Templi Address - Email Address of person identified in data line <0305  Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of incremental Connect America Phase I support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting  2010 2nd Year Certification (47 CFR § 54.313(b)(1)ii)  Attachment (47 CFR § 54.313(b)(1)ii)  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.313(b)(1)ii)  Attachment (47 CFR § 54.313(b)(1)ii)  Price Cap Carrier Support Calculation (47 CFR § 54.313(c)(1))  2011a 2014 Frozen Support Calculation (47 CFR § 54.313(c)(3))  2015 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(3))  Price Cap Carrier Connect America CSupport (47 CFR § 54.313(c)(3))  2016 Connect America Phase II Reporting (47 CFR § 54.313(c))  2017 2018 3rd year Broadband Service Certification  Connect America Phase II Reporting (47 CFR § 54.313(c))  2019 Interim Progress Certification  1010 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support to offset access charge reductions, Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting 2010b 2 and Year Certification (47 CFR § 54.313(b)(1)ii)  2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.313(b)(1)ii)  Price Cap Carrier Support Calculation (47 CFR § 54.313(c)(1)) 2013b 2014 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2015 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(1))  Price Cap Carrier Connect America CC Support (47 CFR § 54.313(c)(1))  Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CFR § 54.313(c)) 2010b St year Broadband Service Certification 2010b Interim Progress Certification 2010b Interim Progress Certification 2010b Interim Progress Certification pursuant to § 54.313 (e)(1), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		,	_	
Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of incremental Connect America Phase II support, Frozen High Cost support to offset access charge reductions, Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting 2010 2nd Year Certification (47 CFR § 54.313(b)(1)ii) 2011a 3rd Year Certification (47 CFR § 54.313(b)(1)ii) 2011b Attachment (47 CFR § 54.313(b)(1)ii)  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.313(c)(1)) 2012 2013 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2014 2015 2014 Frozen Support Calculation (47 CFR § 54.313(c)(3)) 2015 2015 and future Frozen Support Calculation (47 CFR § 54.313(c)(4)) 2015 2016 and future Frozen Support (47 CFR § 54.313(c)) 2016 2016 Certification Support Used to Build Broadband 2019 2016 Prozen Support Selection (47 CFR § 54.313(c)) 3rd year Broadband Service Certification 3rd year Broadband Service Certifica	<039>	Contact Email Address - Email Address of person identified in data line <030>		
Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting 2010b 2010c 2014 vear Certification (47 CFR § 54.313(b)(1)i)  Attachment {47 CFR § 54.313(b)(1)ii}  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.313(b)(1)ii)  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.313(c)(1)) 2013 2014 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2014 2015 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2015 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)(4)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)(4)) 2017 3rd year Broadband Service Certification 2018 Sty year Broadband Service Certification 2019 Interim Progress Certification 2010 Interim Progress Certification Interim Progress Certifica			Shary1.10w1c1emyccmpo.com	
Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting 2010b 2010c 2014 vear Certification (47 CFR § 54.313(b)(1)i)  Attachment {47 CFR § 54.313(b)(1)ii}  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.313(b)(1)ii)  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.313(c)(1)) 2013 2014 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2014 2015 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2015 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)(4)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)(4)) 2017 3rd year Broadband Service Certification 2018 Sty year Broadband Service Certification 2019 Interim Progress Certification 2010 Interim Progress Certification Interim Progress Certifica				
Incremental Connect America Phase I reporting 2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i) 2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)i)  Attachment {47 CFR § 54.313(b)(1)ii}  Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} 2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)} 2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)} 2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(2)} 2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)} Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}  2016> Certification Support Used to Build Broadband Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)[3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		., , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i) 2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii) Attachment (47 CFR § 54.313(b)(1)ii) Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2013> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2015- 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(3)) 2015- 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)(4)) Price Cap Carrier Connect America Phase II Reporting (47 CFR § 54.313(d)) Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification Sth year Broadband Service Certification Interim Progress Certification 1 Interim Progress Certification 2019- Please check the box to confirm that the attached document(s), on line 2021 contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Connect		ation reported on this form and in the documents attached below	vis accurate.
<2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii) Attachment {47 CFR § 54.313(b)(1)ii} Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)} <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(2)} <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)} <2015 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(3)} Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification Support Used to Build Broadband Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	.2040	• •		]
Attachment {47 CFR § 54.313(b)(1)ii}    Name of Attached Document(s) Listing Required Information   Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}   2012				
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}  2012 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)} 2013 2014 Frozen Support Calculation {47 CFR § 54.313(c)(1)} 2014 Frozen Support Calculation {47 CFR § 54.313(c)(3)} 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)} 2015 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)} Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification Support Used to Build Broadband Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information preceding calendar year.	<2011a>	3rd Year Certification (47 CFR § 54.313(b)(1)II)		
Price Cap Carrier Receiving Frozen Support Calculation (47 CFR § 54.312(a))  2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2015 2016 Frozen Support Calculation (47 CFR § 54.313(c)(3)) 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}		
Price Cap Carrier Receiving Frozen Support Calculation (47 CFR § 54.312(a))  2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2015 2016 Frozen Support Calculation (47 CFR § 54.313(c)(3)) 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.				
Price Cap Carrier Receiving Frozen Support Calculation (47 CFR § 54.312(a))  2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2015 2016 Frozen Support Calculation (47 CFR § 54.313(c)(3)) 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.				
2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)} 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)} 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)} 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)} 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}  Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(c)(4)}  Certification Support Used to Build Broadband  Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.			Name of Attached Document(s) Listing Rec	quired Information
2013 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)) 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))  Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))  Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}		
2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)) 2016 and future Frozen Support Calculation (47 CFR § 54.313(d))  Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))  Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CFR § 54.313(e))  3rd year Broadband Service Certification  5th year Broadband Service Certification  Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}		
2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}  Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}  Certification Support Used to Build Broadband  Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification  Sth year Broadband Service Certification  Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}  Certification Support Used to Build Broadband  Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2016>			
<ul> <li>3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</li> </ul>	-2020			
<ul> <li>&lt;2018&gt; St year Broadband Service Certification</li> <li>&lt;2019&gt; Interim Progress Certification</li> <li>&lt;2020&gt; Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</li> </ul>	<2017>			
<2019> Interim Progress Certification <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		Sid year broadband Service Certification		
<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		stil year broadband service certification		
pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.			2021 contains the required information	
addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	120207		nall provide the number, names, and	
		addresses of community anchor institutions to which began providing	access to broadband service in the	
<2021> Interim Progress Community Anchor Institutions		preceding calendar year.		
<2021> Interim Progress Community Anchor Institutions	.202	Later day Brown and Comment of the C		
	<2021>	Interim Progress Community Anchor Institutions		
Name of Attached Document(s) Listing Required Information			Name of Attached Document(s) L	isting Required Information

	ate Of Return Carrier Additional Documentation			3060-0986/OMB Control No. 3060-0819
			July 2013	
- <010>	Study Area Code	519014		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year	2016		
<030> <035>	Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>	Sharyl Fowler 4784761165 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com		
CHECK t	the boxes below to note compliance on its five year service quality plan (pursua	int to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring co	•	nancial reporting requirements set forth in 47
	Critig 34.315(1)(2). Hurtilet Certify that t	The information reported on this form and in the documents attached	d below is accurate.	1
(3010)	Progress Report on 5 Year Plan Milestone Certification {47 CFR § 54.313{f}(1){i}}	Name of Attached Document Listing Required Informati	on	
	Discourse the state of the stat		···	
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addr providing access to broadband service in the preceding calendar year.			
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
(3013) (3014)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)	8	
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to $\S$ 54.313(f)(2)	compliance require	es:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	. 5		
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows		1
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation			
		Name of Attached Document Listing Required Information		•
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)		
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to $\S$ 54.313(f)(2), contains	_		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunications		
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	Cash Flows		
(3021)	Management letter and audit opinion issued by the independent certified p	public accountant that performed the company's financial audit		
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a			
	format comparable to RUS Operating Report for Telecommunications			
(3023)	Borrowers, Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.		<u> </u>	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	<del></del>	
(3026)	Attach the worksheet listing required information			
	Į.	Name of Attached Document Listing Required Information		

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	519014
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

Financial Data Cummany	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
(222.3) = 1.11221122	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	519014
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

#### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 519014 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier		FCC Form 481
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	519014
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016

4784761165 ext.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier			
I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports a	is authorized to submit the information reported on behalf of the reporting carrier. I y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized data provided to the authorized agent is accurate.		
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer:	Date:		
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
	horized to submit the annual reports for universal service support re reporting carrier; and, to the best of my knowledge, the informatio	· · · · · · · · · · · · · · · · · · ·
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
ignature of Authorized Agent or Employee of Agent: Date:		
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Ager	ıt	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	334, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		519014
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Birch Equity Partners, LLC	i	
Birch Communications Holdings, Inc.		
Birch Communications, Inc.		
Birch Telecom, Inc.		
Birch Communications of Virginia, Inc.		Birch Communications
Birch Communications of Kentucky, LLC	269043	Birch Communications
Cbeyond, Inc.		Birch
Cbeyond Communications, LLC		Birch
Birch Telecom of Texas Ltd, L.L.P		Birch Communications
Birch Telecom of Kansas, Inc.		Birch Communications
Birch Telecom of Missouri, Inc.		Birch Communications
Birch Telecom of Oklahoma, Inc.		Birch Communications
Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
Birch Telecom of the Great Lakes, Inc.		Birch Communications
Birch Telecom of the West, Inc.		Birch Communications
Birch Communications of the Northeast, Inc.		Birch Communications
Ionex Communications North, Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		o	CC Form 481 MB Control No. 3060-0 ly 2013	986/OMB Control I	No. 3060-0819
<010>	Study Area Code	209032				
<015>	Study Area Name	Tempo Telecom LLC				
<020>	Program Year	2016				
-	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytemp	o.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required (check box who	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached works	neet)	(CHECK DOX WIII	The state of the s
<200>	Outage Reporting (voice)		(complete attached works	neet)		~
<210>	< check box if no	o outages to report		Ī		
<300>	Unfulfilled Service Requests (voice)			<b>-</b>		
<b>∠210</b> ∖	Detail on Attempts (voice)					
<b>\310&gt;</b>	betail off Attempts (voice)					
				(attach descriptive doc	ument)	
		†				
<320>	Unfulfilled Service Requests (broadband)			7	-	
<330>	Detail on Attempts (broadband)					
.550	1			(attach descriptive do	cument)	
<100×	Number of Complaints per 1,000 customers (voice)					
<400> <410>	Fixed Fixed					
<420>	Mobile					
<430>	Number of Complaints per 1,000 customers (broadl	band)				
<440> <450>	Mobile					
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certific	ation)		
<510>			(attached descriptive d	ocument)		
<600>	Eunstianality in Emorgansy Situations		to be a state of the state of t			
<b>\000</b> 2	Functionality in Emergency Situations		(check to indicate certific	шопу		
			(attached descriptive docu	ment)		
<610>						
					<del></del>	
<700> <710>	Company Price Offerings (voice) Company Price Offerings (broadband)		(complete attached works			
<800>			(complete attached works (complete attached works			V
	Tribal Land Offerings (Y/N)?	(if ye	s, complete attached works			
<1000>	Voice Services Rate Comparability Certification					
<1010>	>		(attach descriptive docur	nent)		
				•		
<1100>	Certify whether terrestrial backhaul options exist (	Yes or No)	(if not, check to indicate	certification)		
<1110>			(complete attached work	sheet)	ŀ	
	Terms and Condition for Lifeline Customers		(complete attached work	Ī		~
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Worksh	neet			
<2000>	Including Rate-of-Return Carriers affiliated with Pr	ice Cap Local Exchange (	Carriers (check to indicate certifica	rtion)		
<2005>			(complete attached works			

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to  $\underline{\text{ROR Additional Documentation Worksheet}}$ 

<3000>

<3005>

	ervice Quality Improvement Reporting Illection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	209032	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<110>	Has your company received its ETC certification from the FCC?  If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no ) O	
<111>	year plan" filed with the FCC?	(yes / no )	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to improve	ove service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	209032
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	<b>Customers Affected</b>		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
							_			·		

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	209032
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
L	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	209032
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
ŀ									

	erating Companies ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	209032
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier Tempo Telecom, LLC	

<811> Holding Company

<812> Operating Company

Birch Equity Partners, LLC

Tempo Telcom, LLC

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	See atta	ached workshe	eet
			-
			_
			_

900) Tribal Lands Reporting FCC Form 481				
lection Form				3060-0819
			July 2013	
Study Area Code		209032		
Study Area Name		Tempo Telecom LLC		
Program Year		2016		_
				_
Contact Email Address - Email Address of person identified in data line <	(030>	sharyl.fowler@mytempo.com		_
Tribal Land(s) on which ETC Serves				
L				
Tribal Government Engagement Obligation		Name of Attach	ed Document	
company convex Tribal lands places coloct (Vec No. NA) for each those hoves				
	Se	lect		
Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.				
	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line < Contact Email Address - Email Address of person identified in data line < Tribal Land(s) on which ETC Serves  Tribal Government Engagement Obligation  Company serves Tribal lands, please select (Yes,No, NA) for each these boxes im the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes	Study Area Code  Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>  Tribal Land(s) on which ETC Serves  Tribal Government Engagement Obligation  company serves Tribal lands, please select (Yes,No, NA) for each these boxes im the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Environmental Review processes Compliance with Environmental Review processes Compliance with Cultural Preservation review processes	Study Area Code  Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>  Tribal Government Engagement Obligation  Tribal Land(s) on which ETC Serves  Tribal Iands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Peasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Environmental Review processes Compliance with Environmental Review processes Compliance with Cultural Preservation review processes	Study Area Code Study Area Name Tempo Table com LisC Program Year Contact Rame Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <0300

(4400)			
(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 306  July 2013	
<010>	Study Area Code	209032	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Terms and Condition for Lifeline Customers FCC Form 481			
Lifeline Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
		.,	
<010>	Study Area Code	209032	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
		Name of Attached Document	
<1220>	Link to Public Website  HTTP ht	ctp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx	
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.		

(2000) Pr	ice Cap Carrier Additional Documentation	FCC Form 481	
Data Coll	lection Form	OMB Control No. 3060-098	6/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013	
	, , , , , , , , , , , , , , , , , , , ,		
<010>	Study Area Code		
<015>	Study Area Name	209032	
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Sharyl Fowler 4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>		
		shary1.fowler@mytempo.com	
		recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to	o offset access charge reductions, and
Connect	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform	ation reported on this form and in the documents attached below is accurate.	
	Incremental Connect America Phase I reporting		
<2010>	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}		
<2011b	> Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Document(s) Listing Required Information	
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>			
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014>	2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))		
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
	Duite Can Camina Comment America ICC Comment (47 CFD 5 F4 242/4))		
~201 <i>6</i> ×	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification Support Used to Build Broadband		
<2016>	Certification support osed to build broadband		
.2047.	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>	Sid year broadband Service certification		
<2018	Stri year Broadbaria Service Certification		
<2019			
<2020>	Please check the box to confirm that the attached document(s), on lingursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient to § 54.313 (e)(3)(iiii), as a recipient to § 54.313 (e)(3)(iiii), as a recipient to § 54.313 (e)(3)(iiiiii), as a recipient to § 54.313 (e)(3)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	2021, contains the required information	
	addresses of community anchor institutions to which began providing		
	preceding calendar year.	iccess to broadband service in the	
	preceding calculati year.		
<2021>	Interim Progress Community Anchor Institutions		
	- · · · · · · · · · · · · · · · · · · ·		
		Name of Attached Decuments Visiting Required Information	
		Name of Attached Document(s) Listing Required Information	

(3000) Ra	3000) Rate Of Return Carrier Additional Documentation FCC Form 481				
Data Coll	lection Form		OMB Control No.	3060-0986/OMB Control No. 3060-0819	
			July 2013		
-					
<010> <015>	Study Area Code Study Area Name	209032			
<020>	Program Year	Tempo Telecom LLC 2016			
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler			
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com			
CHECK t	the boxes below to note compliance on its five year service quality plan (pursu	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring c the information reported on this form and in the documents attache	•	nancial reporting requirements set forth in 47	
	Crk y 34.313(1)(2). Hurtier tertify that	the information reported on this form and in the documents attache	ed below is accurate.	1	
(3010)	Progress Report on 5 Year Plan				
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}			]	
		Name of Attached Document Listing Required Informa	tion		
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.				
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}				
		Name of Attached Document Listing Required Information			
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<b>∤</b> Q		
(3014)	If yes, does your company file the RUS annual report	(Yes/No)			
Please	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2	) compliance require	es:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)				
(3016)	$\label{eq:Document} \mbox{Document}(s) \mbox{ for Balance Sheet, Income Statement and Statement of } \mbox{$G$}$	Cash Flows		_	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation				
		Name of Attached Document Listing Required Information		J	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	$\mathcal{L}$		
(5010)	If the response is yes on line 3018, please check the boxes below to				
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains				
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunications	s [		
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows			
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit			
	If the response is no on line 3018, please check the boxes below	passio deceandari and periorinos ano company o initalista addit	<del></del>		
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),				
	contains:				
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a				
	format comparable to RUS Operating Report for Telecommunications				
	Borrowers,				
(3023)	Underlying information subjected to a review by an independent certified				
(3024)	public accountant Underlying information subjected to an officer certification.		<del>⊩</del>		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	<u> </u>		
(3026)	Attach the worksheet listing required information				
(3020)	Attach the worksheet listing required information				
		Name of Attached Document Listing Required Information			

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	209032
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

Financial Data Summary	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
. , ,	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
(303 I) Dividends	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	209032
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 209032 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	209032
<015> Study Area Name	Tempo Telecom LLC
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regal	ding this data Sharyl Fowler

4784761165 ext.

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

<035> Contact Telephone Number - Number of person identified in data line <030>

I certify that (Name of Agent) also certify that I am an officer of the reporting carr agent; and, to the best of my knowledge, the report	is authorized to submit the information reported on behalf of the reporting carr y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authoriz data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this fo	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agen	t Authorized to File Annual Reports for CAF or LI Recipie	nts on Behalf of Reporting Carrier
	thorized to submit the annual reports for universal service support e reporting carrier; and, to the best of my knowledge, the informat	· · · · · · · · · · · · · · · · · · ·
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent	:	
Title or position of Authorized Agent or Employee of Age	nt	
Telephone number of Authorized Agent or Employee of	Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this fo	rm can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		209032
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telcom, LLC	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Birch Equity Partners, LLC		
Birch Communications Holdings, Inc.		
Birch Communications, Inc.		
Birch Telecom, Inc.		
Birch Communications of Virginia, Inc.		Birch Communications
Birch Communications of Kentucky, LLC	269043	Birch Communications
Cbeyond, Inc.		Birch
Cbeyond Communications, LLC		Birch
Birch Telecom of Texas Ltd, L.L.P		Birch Communications
Birch Telecom of Kansas, Inc.		Birch Communications
Birch Telecom of Missouri, Inc.		Birch Communications
Birch Telecom of Oklahoma, Inc.		Birch Communications
Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
Birch Telecom of the Great Lakes, Inc.		Birch Communications
Birch Telecom of the West, Inc.		Birch Communications
Birch Communications of the Northeast, Inc.		Birch Communications
Ionex Communications North, Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060- July 2013	0986/OMB Control I	No. 3060-0819
<010>	Study Area Code	339048				
<015>	Study Area Name	Tempo Telecom LLC				
<020>	Program Year	2016				
	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytemp	o.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required (check box who	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached work	ksheet)	(encer box uni	
<200>	Outage Reporting (voice)		(complete attached work	ksheet)		V
<210>	< check box if no	outages to report		[		111111
<300>	Unfulfilled Service Requests (voice)			_ '	·- '	
<310>	Detail on Attempts (voice)					
.525	zetan en / tetempte (18.00)					
				(attach descriptive do	cument)	
222						
<320>	Unfulfilled Service Requests (broadband)			$\neg$		
<330>	Detail on Attempts (broadband)					
13302	,			(attach descriptive d	ocument)	
4400s	Number of Countries and 1000 sustained (value)					
<400> <410>	Number of Complaints per 1,000 customers (voice)  Fixed					<u>-</u>
<420>	Mobile					
<430>	Number of Complaints per 1,000 customers (broads	oand)				111111
<440> <450>	Fixed Mobile					
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certi	fication)		
						-
<510>			(attached descriptive	document)		
<600>	Functionality in Emergency Situations		(check to indicate certij	fication)		
			(attached descriptive do	cument)		
<610>						
<700>	Company Price Offerings (voice)		(complete attached wo	rksheet)		
<710>	Company Price Offerings (broadband)		(complete attached wo	rksheet)		
<800>			(complete attached wo			11111
	Tribal Land Offerings (Y/N)?  Voice Services Rate Comparability Certification	(if ye	es, complete attached wo	rksneet)		
	,					
.4040			(attach descriptive des	rumant)		
<1010>	,		(attach descriptive doc	unicity		111111
<1100×	<ul> <li>Certify whether terrestrial backhaul options exist ()</li> </ul>	(es or No)	(if not check to indi-	sta cartification)		
/11002	Certify whether terrestrial backflaul options exist ()	O O	(if not, check to indica	ne cerujicanonj		
<1110>			(complete attached wo			
<1200>	• Terms and Condition for Lifeline Customers	Documentation Mariet	(complete attached wo	rksheet)		
	Price Cap Carriers, Proceed to Price Cap Additional Including Rate-of-Return Carriers affiliated with Pr					
<2000>		.cc Jup Local Exchange	(check to indicate certif	ication)		

(complete attached worksheet)

(check to indicate certification)

(complete attached worksheet)

<2005>

<3000>

<3005>

Rate of Return Carriers, Proceed to  $\underline{\text{ROR Additional Documentation Worksheet}}$ 

-	rvice Quality Improvement Reporting Ilection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	339048	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) (	0
.444.	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	( ( )	$\cap$
<111>	year plan" filed with the FCC?	(yes / no )	<u> </u>
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.		
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	
			Name of Attached Document
	Please select the appropriate responses below (Yes, No, Not Applicable) to confine that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	-year	
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to impr		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	. ,	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	339048
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
		+										
							_					
	_											

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	339048
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

> ]	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
Ī					Residential Local			Mandatory Extended Area	
ļ	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	339048
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

(800) Op	perating Companies	FCC Form 481
Data Col	llection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	339048
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.

<810>	Reporting Carrier	Tempo Telecom, LLC
<811>	Holding Company	Birch Equity Partners, LLC
<812>	Operating Company	Tempo Telecom, LLC

<039> Contact Email Address - Email Address of person identified in data line <030> shary1.fowler@mytempo.com

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-	See atta	ched worksh	et
-		ronoa womon	
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	oal Lands Reporting			FCC Form 481	
Data Coll	ection Form			OMB Control No. 3060-0986/OMB Control No. 3	3060-0819
				July 2013	
<010>	Study Area Code		339048		
<015>	Study Area Name		Tempo Telecom LLC		
<020>	Program Year		2016		
<030>	Contact Name - Person USAC should contact regarding this data		Sharyl Fowler		
<035>	Contact Telephone Number - Number of person identified in data line <0		4784761165 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <	030>	sharyl.fowler@mytempo.com		
<910>	Tribal Land(s) on which ETC Serves				
<920>	Tribal Government Engagement Obligation		Name of Attach	ed Document	
If your c	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes				
	m the status described on the attached document(s), on line 920,				
demons	trates coordination with the Tribal government pursuant to		elect		
§ 54.313	a(a)(9) includes:		s or No or Applicable		
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.		у у россий		
<922>	Feasibility and sustainability planning;				
<923>	Marketing services in a culturally sensitive manner;				
<924>	Compliance with Rights of way processes				
<925>	Compliance with Land Use permitting requirements	-			
<926>	Compliance with Facilities Siting rules				
<927>	Compliance with Environmental Review processes				
<928>	Compliance with Tribal Puriness and Licensian requirements	-			
<929>	Compliance with Tribal Business and Licensing requirements.				

-	lo Terrestrial Backhaul Reporting		FCC Form 481
Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	339048	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	a	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	erms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
z010s	Chudu Aven Code	
<010>	Study Area Name	339048
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030	
<039>	Contact Email Address - Email Address of person identified in data line <030	> sharyl.fowler@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP	http://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Pi	rice Cap Carrier Additional Documentation		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013
<010>	Study Area Code	339048	
<015>	Study Area Name		
<020>	Program Year	Tempo Telecom LLC 2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
		Didiyi.iowiciamy campo.com	
Coloot th	o annuanciata varnancas balaur (Vas No Not Annlisable) to note compliance as	a resiminat of Incremental Connect America Phase I	support, frozen High Cost support, High Cost support to offset access charge reductions, an
	he appropriate responses below (yes, No, Not Applicable) to note compilance as America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforr	•	
Connect	Incremental Connect America Phase I reporting	action reported on this form and in the documents a	ttactica sciow is accurate.
<2010>			
<2010a			
<2011b	> Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Docum	nent(s) Listing Required Information
		Name of Attached Bocan	icit(s) Esting required information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012			
<2013		<u> </u>	
<2014			
<2015	> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016	> Certification Support Used to Build Broadband		
	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017	3rd year Broadband Service Certification	<del>-</del>	
<2018	Still year broadband Service certification	<u> </u>	
<2019	> Interim Progress Certification		
<2020		e 2021, contains the required information	
	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s		
	addresses of community anchor institutions to which began providing	access to broadband service in the	
	preceding calendar year.		
<2021	Interim Progress Community Anchor Institutions		
	.,		
		Name of Attach	ed Document(s) Listing Required Information

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
- <010>	Study Area Code	222242	
<015>	Study Area Name	339048 Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com	
CHECK t	he boxes below to note compliance on its five year service quality plan (pursu CFR § 54.313(f)(2). I further certify that	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring of the information reported on this form and in the documents attached	· · · · · · · · · · · · · · · · · · ·
(3010)	Progress Report on 5 Year Plan		
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}		
		Name of Attached Document Listing Required Informa	tion
(3011)	Please check this box to confirm that the attached document(s), on line		
	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.	fresses of community anchor institutions to which began	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
, ,	, , , , , , , , , , , , , , , , , , , ,		
		Name of Attached Document Listing Required Information	
	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	$\langle \triangleright \!\!\! \rangle$
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
Please	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2	) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for		
(2016)	Telecommunications Borrowers)  Document(s) for Balance Sheet, Income Statement and Statement of C	Cook Flows	
(3010)	Document(s) for Balance Sneet, income Statement and Statement of C	Vasii Flows	
(2017)	If the response is yes on line 3014, attach your company's RUS annual		
(3017)	report and all required documentation		
		Name of Attached Document Listing Required Information	<b>\.</b>
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	
	If the response is yes on line 3018, please check the boxes below to		
(3019)	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	f	
(3013)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunication	\$ <u> </u>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit	
	If the response is no on line 3018, please check the boxes below	,	
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
	independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
	Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified		<u></u>
	public accountant		
(3024) (3025)	Underlying information subjected to an officer certification.  Document(s) for Balance Sheet, Income Statement and Statement of the statement	Cash Flows	4
(3023)	Document(s) for balance Sheet, income Statement and Statement of	Casii i iuws	
(3026)	Attach the worksheet listing required information		
		Name of Attacked Decomposition 2	
		Name of Attached Document Listing Required Information	

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	339048
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
		<del>-</del>

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
•	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	339048
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

#### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 339048 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	339048
<015> Study Area Name	Tempo Telecom LLC
<020\\ Program Voor	2016

4784761165 ext.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting calso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the author agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

Certification of Agen	t Authorized to File Annual Reports for CAF or LI Recipion	ents on Behalf of Reporting Carrier
	thorized to submit the annual reports for universal service suppor e reporting carrier; and, to the best of my knowledge, the informa	• • • • • • • • • • • • • • • • • • • •
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
ignature of Authorized Agent or Employee of Agent: Date:		
rinted name of Authorized Agent or Employee of Agent:		
itle or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of A	Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		339048
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Birch Equity Partners, LLC		
	Birch Communications Holdings, Inc.		
	Birch Communications, Inc.		
	Birch Telecom, Inc.		
· <u></u>	Birch Communications of Virginia, Inc.		Birch Communications
·	Birch Communications of Kentucky, LLC	269043	Birch Communications
	Cbeyond, Inc.		Birch
	Cbeyond Communications, LLC		Birch
	Birch Telecom of Texas Ltd, L.L.P		Birch Communications
	Birch Telecom of Kansas, Inc.		Birch Communications
	Birch Telecom of Missouri, Inc.		Birch Communications
	Birch Telecom of Oklahoma, Inc.		Birch Communications
	Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
	Birch Telecom of the Great Lakes, Inc.		Birch Communications
	Birch Telecom of the West, Inc.		Birch Communications
	Birch Communications of the Northeast, Inc.		Birch Communications
	Ionex Communications North, Inc.		Birch Communications
	Ionex Communications South, Inc.		Birch Communications
	Ionex Communications Inc.		Birch Communications
	Ionex Communications South, Inc.		Birch Communications
	Ionex Communications Inc.		Birch Communications
	_		

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0 July 2013	986/OMB Control I	No. 3060-0819
<010>	Study Area Code	509015				
<015>	Study Area Name	Tempo Telecom LLC				
<020>	Program Year	2016				
-	Contact Name: Person USAC should contact					
	with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytemp	po.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required (check box who	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached work	(sheet)	(circui box with	
<200>	Outage Reporting (voice)		(complete attached work	sheet)		~
<210>		outages to report		, F		
<300>	Unfulfilled Service Requests (voice)					
<310>	Detail on Attempts (voice)					
				(attach descriptive doc	ument)	
<320>	Unfulfilled Service Requests (broadband)			_		
	Dateil an Attendate (hannathan d)			Г		
<330>	Detail on Attempts (broadband)			(attach descriptive do	cument)	
<400>	Number of Complaints per 1,000 customers (voice)					
<410> <420>	Fixed Mobile					
<430>	Number of Complaints per 1,000 customers (broadle	pand)				111111
<440>	Fixed					
<450> <500>	Mobile Service Quality Standards & Consumer Protection R	l ules Compliance	(check to indicate certifi	ication)		
\300>	·	·	]	,		] [
<510>			(attached descriptive	document)		
			(40040000000000000000000000000000000000	,		
<600>	Functionality in Emergency Situations		(check to indicate certifi	ication)		
			(attached descriptive doc	cument)		
<610>						
<700>	Company Price Offerings (voice)		(complete attached wor	ksheet)		
<710>	Company Price Offerings (broadband)		(complete attached wor	ksheet)		
<800>			(complete attached wor			
	Tribal Land Offerings (Y/N)?  Voice Services Rate Comparability Certification	(if y	es, complete attached wor	ksheet)		
11000	voice services nace comparability certification	_		•	<u>,                                    </u>	
			(attended and attended a			
<1010>	>		(attach descriptive docu	ument)		
Z1100-	Cortificulation to reactive beautiful and	(os or No.)			11	
<1100>	<ul> <li>Certify whether terrestrial backhaul options exist (\)</li> </ul>	res or No) U U	(if not, check to indicat	te certification)		
<1110>			(complete attached wor			
<1200>	Terms and Condition for Lifeline Customers		(complete attached wor	rksheet)		
	Price Cap Carriers, Proceed to Price Cap Additional					
<2000>	Including Rate-of-Return Carriers affiliated with Pr	ice сир Locai Exchange	(check to indicate certific	cation)		
<2005>			(complete attached work	ksheet)		

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to  $\underline{\text{ROR Additional Documentation Worksheet}}$ 

<3000>

<3005>

	ervice Quality Improvement Reporting Illection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	509015	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo	mpo.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no )	0 0
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(100 / 20 )	$\cap \cap$
<111>	year plant filled with the FCC?	(yes / no )	
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.		
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
			Name of Attached Document
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received	Γ	
<115>	How much (USF) was used to improve service quality and how support was used to impro	ove service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	prove service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to impr		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	509015
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check	Study Areas	Service Outage	Preventative
		-					Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
										<u> </u>		

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	509015
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
ŀ	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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L		l .	1		1				1

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	509015
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
		_							

(800) Operating Companies		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010> Study Area Code	509015	

<010>	Study Area Code		509015
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person U	SAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=			
-			
-			
-	See atta	ached workshe	et
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	bal Lands Reporting lection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0  July 2013	)819
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
to confi demons	3(a)(9) includes:	Select Yes or No or Not Applicable	

(1100) N	No Terrestrial Backhaul Reporting	FCC Form 481		
Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	,	509015		
<015> <020>	,	Tempo Telecom LLC 2016		
<030> <035>		Sharyl Fowler 4784761165 ext.		
<039>		sharyl.fowler@mytempo.com		
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).			
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps		

(1200) Te	rms and Condition for Lifeline Customers	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819
	ection Form	July 2013
<010>	Study Area Code	509015
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP ht	ctp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Pi	rice Cap Carrier Additional Documentation		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013
	,		
<010>	Study Area Code		
<015>	Study Area Name	509015	
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016 Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	shary1.fowler@mytempo.com	
		Shary:.lowieremy tempo.com	
6.1	No.	and the file of th	The second secon
	le appropriate responses below (Yes, No, Not Applicable) to note compliance as America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforr	·	port, frozen High Cost support, High Cost support to offset access charge reductions, an
Connect		lation reported on this form and in the documents atta	cried below is accurate.
<2010>	Incremental Connect America Phase I reporting 2nd Year Certification {47 CFR § 54.313(b)(1)i}		
<2010>			<del></del>
\2011a	> Sid fear certification (47 CFN § 54.515(b)(1)))		
<2011b	> Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Designation	(A) Listing Descripted Information
		Name of Attached Document	(s) Listing Required Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}		
<2013>	> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014>	> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
<2015>	> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	<u> </u>	
<2016>	> Certification Support Used to Build Broadband		
	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>			
<2018		<u> </u>	
<2019			
<2020>	Please check the box to confirm that the attached document(s), on lir	e 2021 contains the required information	
	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s	nall provide the number, names, and	
	addresses of community anchor institutions to which began providing	access to broadband service in the	
	preceding calendar year.		
×20245	Interim Progress Community Anchor Institutions		
<2021>	Interim Progress Community Anchor Institutions		
		Name of Attached D	ocument(s) Listing Required Information

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481
Data Coll	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
- <010>	Study Area Code	509015	
<015>	Study Area Code Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030> <035>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com	
CHECK	the boxes below to note compliance on its five year service quality plan (pursu CFR § 54.313(f)(2). I further certify that	ant to 47 CFR 9 54.202(a)) and, for privately neld carriers, ensuring c the information reported on this form and in the documents attach	· · · · · · · · · · · · · · · · · · ·
(3010)	Progress Report on 5 Year Plan		
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Name of Attacked Daywood Listing Daywing day	At a r
		Name of Attached Document Listing Required Informa	tion
(3011)	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add		
	providing access to broadband service in the preceding calendar year.	iresses of community anchor institutions to which began	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
		Name of Attached Document Listing Required Information	
	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	$\Leftrightarrow$
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
Please	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2	) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for		
(3016)	Telecommunications Borrowers)  Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	
(5010)	2004 III. (0) for Balance Groot, moonie Glatement and Glatement of	Nasi Tiowo	<del>- '</del>
(2017)	If the response is yes on line 3014, attach your company's RUS annual		
(3017)	report and all required documentation		
		Name of Attached Document Listing Required Information	<b>&gt;</b> -○
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	
	If the response is yes on line 3018, please check the boxes below to		
(2010)	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunication	s <u> </u>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit	
	If the response is no on line 3018, please check the boxes below	pasio accountant trial portermou trio company o intantian adale	
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
	independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<del></del>
	Borrowers,		_
(3023)	Underlying information subjected to a review by an independent certified		
, ,	public accountant		
(3024) (3025)	Underlying information subjected to an officer certification.	Ocal Flame	<b>Ш</b>
(3023)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	
(3026)	Attach the worksheet listing required information		
		Name of Attached Document Listing Required Information	<del></del>

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	509015
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
		<del>-</del>

Financial Data Cummany	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
(222.3) = 1.1.22	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	509015
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

## Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 509015 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	509015
<015> Study Area Name	Tempo Telecom LLC

10102	Study Area code	
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
		-

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting car also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agen	t Authorized to File Annual Reports for CAF or LI Recipion	ents on Behalf of Reporting Carrier
	thorized to submit the annual reports for universal service suppor e reporting carrier; and, to the best of my knowledge, the informa	• • • • • • • • • • • • • • • • • • • •
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
ignature of Authorized Agent or Employee of Agent:  Date:		
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Age	nt	
Telephone number of Authorized Agent or Employee of A	Agent:	
tudy Area Code of Reporting Carrier: Filing Due Date for this form:		
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		509015
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Er	mail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Birch Equity Partners, LLC		
	Birch Communications Holdings, Inc.		
	Birch Communications, Inc.		
	Birch Telecom, Inc.		
	Birch Communications of Virginia, Inc.		Birch Communications
	Birch Communications of Kentucky, LLC	269043	Birch Communications
	Cbeyond, Inc.		Birch
	Cbeyond Communications, LLC		Birch
	Birch Telecom of Texas Ltd, L.L.P		Birch Communications
	Birch Telecom of Kansas, Inc.		Birch Communications
	Birch Telecom of Missouri, Inc.		Birch Communications
	Birch Telecom of Oklahoma, Inc.		Birch Communications
	Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
	Birch Telecom of the Great Lakes, Inc.		Birch Communications
	Birch Telecom of the West, Inc.		Birch Communications
	Birch Communications of the Northeast, Inc.		Birch Communications
	Ionex Communications North, Inc.		Birch Communications
	Ionex Communications South, Inc.		Birch Communications
	Ionex Communications Inc.		Birch Communications
	Ionex Communications South, Inc.		Birch Communications
	Ionex Communications Inc.		Birch Communications

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 30 July 2013	060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	249026		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year	2016		
-	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.		
<039>	Contact Email Address: Email of the person identified in data line <030>	Sharyl.Fowler@mytempo.c	com	
ANNUA	AL REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting	(co	omplete attached worksheet)	(check box when complete)
<200>	Outage Reporting (voice)		omplete attached worksheet)	V
<210>		outages to report		
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)			
			(attach descriptiv	e document)
<320>	Unfulfilled Service Requests (broadband)			
		T T T T T T T T T T T T T T T T T T T		
<330>	Detail on Attempts (broadband)		(nttook doorgint	un donument)
			(attach descripti	ve document)
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed			
<420> <430>	Mobile Number of Complaints per 1,000 customers (broadb	l pand)		
<440>	Fixed			
<450>	Mobile Service Quality Standards & Consumer Protection R	ulos Complianco		
<500>	Service Quality Standards & Consumer Protection K	dies compliance (a	check to indicate certification)	
<del>،</del> 510				
<510>			(attached descriptive document)	
<600>	Functionality in Emergency Situations	(c	check to indicate certification)	
		(at	ttached descriptive document)	
<610>				
<700>	Company Price Offerings (voice)		omplete attached worksheet)	
<710>	Company Price Offerings (broadband)		complete attached worksheet)	
<800>	Operating Companies and Affiliates	(c	omplete attached worksheet)	
	Tribal Land Offerings (Y/N)?	(if yes, co	complete attached worksheet)	
<1000>	Voice Services Rate Comparability Certification			
<1010>	•	(6	attach descriptive document)	
	Court harbors still the still to	(		
<1100>	<ul> <li>Certify whether terrestrial backhaul options exist (\)</li> </ul>	es or No) $\bigcup$ $\bigcup$	(if not, check to indicate certification)	
<1110>		(c	complete attached worksheet)	
<1200>	Terms and Condition for Lifeline Customers	· · · · · · · · · · · · · · · · · · ·	complete attached worksheet)	
	Price Cap Carriers, Proceed to Price Cap Additional		<del>_</del>	
<2000>	Including Rate-of-Return Carriers affiliated with Pr		rriers heck to indicate certification)	
<2005>		(cc	omplete attached worksheet)	

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>

<3005>

	rvice Quality Improvement Reporting llection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	249026	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler 4784761165 ext.	
<035>	Contact Telephone Number - Number of person identified in data line <030>		
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) O	
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5		
<111>	year plan" filed with the FCC?	(yes / no ) U	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be	-year	Name of Attached Document
	submitted at the wire center level or census block as appropriate.	-	
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		<del></del>
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to improve	· · ·	<del>-</del>
<117>	How much (USF) was used to improve service capacity and how support was used to improve service.		<del>_</del>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	249026
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com

<220>

>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		1
	Number	Date	Time	Date	Time	<b>Customers Affected</b>	<b>Total Number of</b>	Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	249026
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

1/1/2015

702> Single State-wide Residential Local Service Charge

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
	<u> </u>	- 1 (115-1	0.0 (0		Residential Local			Mandatory Extended Area	
ŀ	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadband Price Offerings	FCC Form 481			
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819			
	July 2013			

<010>	Study Area Code	249026
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
		_							

(800) Operating Companies  Data Collection Form		FCC Fori OMB Co July 201	ntrol No. 3060-0986/OMB Control No. 3060-0819
		July 201	3
<010>	Study Area Code	249026	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com	

Tempo Telecom, LLC

Tempo Telecom, LLC

Birch Equity Partners

<810> Reporting Carrier
<811> Holding Company

<812> Operating Company

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
,			
•	See atta	sched worksh	eet
•			
•			
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,			
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,			

(900) Tribal Lands Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. July 2013	3060-0819
<010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in dat <039> Contact Email Address - Email Address of person identified in dat <910> Tribal Land(s) on which ETC Serves	ta line <030>	249026 Tempo Telecom LLC 2016 Sharyl Fowler 4784761165 ext. Sharyl.Fowler@mytempo.com		
<920> Tribal Government Engagement Obligation		Name	of Attached Document	
If your company serves Tribal lands, please select (Yes,No, NA) for each these be to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:  Veeds assessment and deployment planning with a focus on Tracommunity anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.	Sel Yes o Not A	elect or No or Applicable		

(1100) N	la Tayractyial Backhaul Banayting		FCC F 404
-	lo Terrestrial Backhaul Reporting llection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010> <015>	Study Area Code Study Area Name	249026 Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	rms and Condition for Lifeline Customers	FCC Form 481
	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	249026
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP ht	tp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Pi	rice Cap Carrier Additional Documentation		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
	, , , , , , , , , , , , , , , , , , , ,		
<010>	Study Area Code		
<015>	Study Area Name	249026	
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Sharyl Fowler 4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>		
		Shary1.Fowler@mytempo.com	
	le appropriate responses below (Yes, No, Not Applicable) to note compliance as America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforr	•	oort, frozen High Cost support, High Cost support to offset access charge reductions, an
Connect		ation reported on this form and in the documents attac	tried below is accurate.
42010s	Incremental Connect America Phase I reporting		
<2010>			
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}		
<2011b	> Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Document	(s) Listing Required Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}		
<2013>	> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014>	> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
<2015>	> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	, , , , , , , , , , , , , , , , , , , ,		
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2018	ord year broadband bervice certification		
<2019	Still year broadband Service certification		
<2020>		2021 contains the required information	
12020	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s	nall provide the number, names, and	
	addresses of community anchor institutions to which began providing		
	preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions		
		Name of Attached D	ocument(s) Listing Required Information
		or recorded b	

(3000) Ra	3000) Rate Of Return Carrier Additional Documentation FCC Form 481					
Data Coll	ection Form		OMB Control No.	3060-0986/OMB Control No. 3060-0819		
			July 2013			
-						
<010> <015>	Study Area Code Study Area Name	249026				
<020>	Program Year	Tempo Telecom LLC 2016				
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler				
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. Sharyl.Fowler@mytempo.com				
CHECK t	he boxes below to note compliance on its five year service quality plan (pursu	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring c the information reported on this form and in the documents attache	•	nancial reporting requirements set forth in 47		
	Critis 3-3.313(1)(2). Fruitilet Certify that	the information reported on this form and in the documents attached	ed below is accurate.	٦		
(3010)	Progress Report on 5 Year Plan					
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}			_		
		Name of Attached Document Listing Required Informat	tion			
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.					
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}					
		Name of Attached Document Listing Required Information				
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	Q			
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	)(()			
Please	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2)	compliance require	es:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)					
(3016)	$\label{eq:Document} \mbox{Document}(s) \mbox{ for Balance Sheet, Income Statement and Statement of } \mbox{$G$}$	Cash Flows		_		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation					
		Name of Attached Document Listing Required Information		_		
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	)īC)			
	If the response is yes on line 3018, please check the boxes below to					
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains					
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunications	; [			
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows				
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit				
	If the response is no on line 3018, please check the boxes below	pasio accountant that perioring the company of interioral additi	4			
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),					
	contains:					
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a					
	format comparable to RUS Operating Report for Telecommunications					
	Borrowers,					
(3023)	Underlying information subjected to a review by an independent certified					
(3024)	public accountant Underlying information subjected to an officer certification.		<del>                                     </del>			
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	<u> </u>			
(3026)	Attach the worksheet listing required information		1			
(3020)	Attach the worksheet isting required information		J			
			1			
		Name of Attached Document Listing Required Information				

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

Coltact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number of person identified in data line <33>   Contact Telephone Number - Number	<010>	Study Area Code	249026
<030>       Contact Name - Person USAC should contact regarding this data       Sharyl Fowler         <035>       Contact Telephone Number - Number of person identified in data line <030>       4784761165 ext.	<015>	Study Area Name	Tempo Telecom LLC
<035> Contact Telephone Number - Number of person identified in data line <030> 4784761165 ext.	<020>	Program Year	2016
	<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
2020s Contact Email Address Email Address of person identified in data line 2020s - Ci. 1 7 7 7 0 0 1	<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
Contact Email Address - Email Address of person identified in data line Coso Snary1. Fow leremy tempo. com	<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com

Financial Data Summary	
•	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
()	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	249026
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

## Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 249026 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	249026
<015> Study Area Name	Tempo Telecom LLC
<020> Program Year	2016

4784761165 ext.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> Sharyl.Fowler@mytempo.com

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports a	is authorized to submit the information reported on behalf of the reporting carrier. I sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized approvided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

Certification of Agen	t Authorized to File Annual Reports for CAF or LI Recipion	ents on Behalf of Reporting Carrier
	thorized to submit the annual reports for universal service suppor e reporting carrier; and, to the best of my knowledge, the informa	• • • • • • • • • • • • • • • • • • • •
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
ignature of Authorized Agent or Employee of Agent: Date:		
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Age	nt	
Telephone number of Authorized Agent or Employee of A	Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		249026
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Er	mail Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners	
<812>	Operating Company	Tempo Telecom, LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
_	Birch Equity Partners, LLC		
	Birch Communications Holdings, Inc.		
_	Birch Communications, Inc.		
_	Birch Telecom, Inc.		
_	Birch Communications of Virginia, Inc		Birch Communications
_	Birch Communications of Kentucky, LLC	269043	Birch Communications
_	Cbeyond, Inc.		Birch
_	Cbeyond Communications, LLC		Birch
_	Birch Telecom of Texas Ltd, L.L.P		Birch Communications
	Birch Telecom of Kansas, Inc.		Birch Communications
	Birch Telecom of Missouri, Inc.		Birch Communications
	Birch Telecom of Oklahoma, Inc.		Birch Communications
	Birch Telecom of the South, Inc.		Birch Communications
	Birch Telecom of the Great Lakes, Inc.		Birch Communications
	Birch Communications of the Northeast, Inc.		Birch Communications
	Ionex Communications North, Inc.		Birch Communications
	Ionex Communications South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
	Ionex Communications Inc.		Birch Communications
	Birch Telecom of the West, Inc.		Birch Communications
_			
_			
			T

FCC For	m 481 - Carrier Annual Reporting  Data Collection Form			FCC Form 481 OMB Control No. 3060-0 July 2013	0986/OMB Control I	No. 3060-0819
<010>	Study Area Code	589015				
<015>	Study Area Name	Tempo Telecom	LLC			
<020>	Program Year	2016				
<030>	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@m	ytempo.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required (check box who	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached wo	rksheet)	(check box whi	THE REAL PROPERTY.
<200>	Outage Reporting (voice)		(complete attached wo	•		~
<210>		o outages to report		Г		111111
<300>	Unfulfilled Service Requests (voice)					*****
<310>	Detail on Attempts (voice)					
				(attach descriptive doc	cument)	
		<u>†</u>				
<320>	Unfulfilled Service Requests (broadband)			┐ .		
<330>	Detail on Attempts (broadband)			(attach descriptive de	ocument)	
					,	
<400>	Number of Complaints per 1,000 customers (voice)					
<410> <420>	Fixed Mobile					
<430>	Number of Complaints per 1,000 customers (broads	pand)				111111
<440>	Fixed				<u> </u>	
<450> <500>	Mobile Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate cert	ification)		
<510>			(attached descriptiv	e document)		
<600>	Functionality in Emergency Situations		(check to indicate cert	ification)		
			(attached descriptive de	ocument)		
<610>						
<700>	Company Price Offerings (voice)		(complete attached wo	orksheet)		
<710>	Company Price Offerings (broadband)		(complete attached wo	orksheet)		
<800>	Operating Companies and Affiliates		(complete attached wo			
	Tribal Land Offerings (Y/N)?  Voice Services Rate Comparability Certification		(if yes, complete attached wo	orksheet)		
	, , , , , , , , , , , , , , , , , , ,					
<1010>			(attach descriptive do	cument)		
<1100>	Certify whether terrestrial backhaul options exist (\	res or No)	(if not, check to indice	ate certification)		
<1110>		•	(complete attached we	orksheet)		
<1200>	Terms and Condition for Lifeline Customers		(complete attached we	orksheet)		<i>V</i>
	Price Cap Carriers, Proceed to Price Cap Additional					
<2000>	Including Rate-of-Return Carriers affiliated with Pr	ice Cap Local Exch	ange Carriers (check to indicate certi	fication)		
<2005>			(complete attached wo			CANAL STATE

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>

<3005>

	ervice Quality Improvement Reporting Illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	589015	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo	npo.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no )	0 0
.444.	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	( , , , ( , , , )	$\cap \cap$
<111>	year plan" filed with the FCC?	(yes / no )	0 0
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.		
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
			Name of Attached Document
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received	T T	
<115>	How much (USF) was used to improve service quality and how support was used to impro	ove service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	· · · · <b>-</b>	
<117>	How much (USF) was used to improve service capacity and how support was used to impr	<u> </u>	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	589015
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
		+										
							_					
	_											

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	589015
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
L	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
Ī									
-									
-									
-									
_									
-									
-									
_									
-									
-									
-									
-									
-									
L									•

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	589015
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

(800) O	perating Companies		FCC Form 481		
Data Co	ollection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819			
			July 2013		
<010>	Study Area Code	589015			
<015>	Study Area Name	Tempo Telecom IJ.C			

2016

Sharyl Fowler 4784761165 ext.

<020> Program Year

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>
<039> Contact Email Address - Email Address of person identified in data line <030>

<810> Re	eporting Carrier	Tempo Telecom, LLC
<811> H	lolding Company	Birch Equity Partners
<812> 0	perating Company	Tempo Telecom, LLC

sharyl.fowler@mytempo.com

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
:			
,			
•			
	See atta	ched workshe	eet
•			
,			
•			
•			
•			
•			
•			

	oal Lands Reporting ection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0  July 2013	819
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030: Contact Email Address - Email Address of person identified in data line <030		
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
to confi demons	8(a)(9) includes:	Select Yes or No or Not Applicable	
<921> <922> <923> <924> <925> <926> <927> <928> <929>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  Compliance with Land Use permitting requirements  Compliance with Facilities Siting rules  Compliance with Environmental Review processes  Compliance with Cultural Preservation review processes  Compliance with Tribal Business and Licensing requirements.		

(1100) N	Io Terrestrial Backhaul Reporting		FCC Form 481
-	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	589015	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

	rms and Condition for Lifeline Customers	FCC Form 481	
Lifeline Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013	
<010>	Study Area Code	589015	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
		Name of Attached Document	
<1220>	Link to Public Website HTTP ht	ttp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx	
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.		

(2000) Pi	ice Cap Carrier Additional Documentation		FCC Form 481
Data Col	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013
	, and the same of		
<010>	Study Area Code		
<015>	Study Area Name	589015	
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Sharyi Fowler	
<039>	Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext.	
		shary1.fowler@mytempo.com	
			ort, frozen High Cost support, High Cost support to offset access charge reductions, a
Connect	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforn	ation reported on this form and in the documents attach	ed below is accurate.
	Incremental Connect America Phase I reporting		
<2010>			<del></del>
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}		<del></del>
<2011b	> Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Document(s)	Listing Required Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}		
<2013	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
<2015	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016	• • • • • • • • • • • • • • • • • • • •		
12010			
<2017	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017	Sid year broadband Service Certification		
<2019	Still year broadbaria Service certification		
<2020	mee.m. rog. ess de amounen	e 2021 contains the required information	
12020	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support si	nall provide the number, names, and	
	addresses of community anchor institutions to which began providing	access to broadband service in the	
	preceding calendar year.		
205:			
<2021	Interim Progress Community Anchor Institutions		
		Name of Attached Doc	cument(s) Listing Required Information

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481	
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
			July 2013	
-				
<010> <015>	Study Area Code Study Area Name	589015 Tempo Telecom LLC		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com		
CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47				
	CFR § 54.313(1)(2). I further certify that ti	he information reported on this form and in the documents attache	ed below is accurate.	
(3010)	Progress Report on 5 Year Plan			
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}			
		Name of Attached Document Listing Required Information	tion	
	Please check this box to confirm that the attached document(s), on line \$ \$4.313 (f)(1)(ii), the carrier shall provide the number, names, and address providing access to broadband service in the preceding calendar year.			
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
		Name of Attached Document Listing Required Information	) 🕜	
	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  If yes, does your company file the RUS annual report	(Yes/No) (Yes/No)	$\langle \triangleright \rangle$	
(3014)				
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2	) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for			
(2016)	Telecommunications Borrowers)  Document(s) for Balance Sheet, Income Statement and Statement of Ca	ach Flows		
(3010)	Document(3) for Dalance Officer, income otalement and otalement of Oc	isii i iowa		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation			
		Name of Attached Document Listing Required Information		
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	) <del>[</del> C)	
	If the response is yes on line 3018, please check the boxes below to	_		
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains			
(3019)	$\dot{\rm E}$ ither a copy of their audited financial statement; or (2) a financial report in a f	ormat comparable to RUS Operating Report for Telecommunications	s [	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	eash Flows		
(3021)	Management letter and audit opinion issued by the independent certified p	ublic accountant that performed the company's financial audit		
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),			
	contains:			
(3022)	Copy of their financial statement which has been subject to review by an			
(3022)	independent certified public accountant; or 2) a financial report in a			
	format comparable to RUS Operating Report for Telecommunications			
	Borrowers,			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.		<del>  </del>	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows	4	
	· · · · · · · · · · · · · · · · · · ·			
(3026)	Attach the worksheet listing required information			
	L	Name of Attached Document Listing Required Information		

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	589015
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

Financial Data Commons	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
()	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3033) Total Equity	
(3034) Dividends	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	589015
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer:  $^{ ext{CFO}}$ 

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 589015 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	589015	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

	is authorized to submit the information reported on behalf of the reporting car my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorid data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	uthorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
	ized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have proporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	ovided
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
ignature of Authorized Agent or Employee of Agent:  Date:		
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	t:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment unde 18 of the United States Code, 18 U.S.C. § 1001.	er Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		589015
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners	
<812>	Operating Company	Tempo Telecom, LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Birch Equity Partners, LLC		
	Birch COmmunications Holding, Inc.		
	Birch Communications, Inc.		
	Birch Telecom, Inc.		
	Birch Communications of Virginia, Inc.		Birch Communications
	Birch Communications of Kentucky, LLC	269043	Birch Communications
	Cbeyonc, Inc.		Birch
	Cbeyond Communications, LLC		Birch
	Birch Telecom of Texas Ltd, L.L.P.		Birch Communications
	Birch Telecom of Kansas, Inc.		Birch Communications
	Birch Telecom of Missouri, Inc.		Birch Communications
	Birch Telecom of Oklahoma, Inc.		Birch Communications
	Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeas dba Birch Telecom dba Birch
	Birch Telecom of the Great Lakes, Inc.		Birch Communications
	Birch Telecom of the West, Inc.		Birch Communications
	Birch Communications of the Northeast, Inc.		Birch Communications
	Ionex Communications North, Inc.		Birch Communications
	Ionex Communications South, Inc.		Birch Communications
	Ionex Communications, Inc.		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		C	CCC Form 481 DMB Control No. 3060-0 uly 2013	986/OMB Control N	o. 3060-0819
<010>	Study Area Code	309020				
<015>	Study Area Name	Tempo Telecom LLC				
<020>	Program Year	2016				
-	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytempo	o.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required (check box whe	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached works	sheet)	(encer box whe	
<200>	Outage Reporting (voice)		(complete attached works	sheet)		~
<210>	< check box if no	outages to report				11111
<300>	Unfulfilled Service Requests (voice)			٦		
∠310 <b>\</b>	Detail on Attempts (voice)					
<b>\310&gt;</b>	betail off Attempts (voice)					
				(attach descriptive doc	rument)	
		+				
<320>	Unfulfilled Service Requests (broadband)			٦		
<330>	Detail on Attempts (broadband)					
	· · ·			(attach descriptive do	ocument)	
<400>	Number of Complaints per 1,000 customers (voice)					
<410>	Fixed					
<420>	Mobile					
<430> <440>	Number of Complaints per 1,000 customers (broadl	band)				171717
<450>	Mobile					
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certific	cation)		
					_	
<510>			(attached descriptive o	document)		
<600>	Functionality in Emergency Situations		(check to indicate certific	cation		
1000	runctionality in Emergency Steadtons		eneck to maleute terrigit	.daon,		
			(attached descriptive doci	ument)		
<610>						
4 <b>7</b> 005	Company Drive Offerings (value)				ш	11111
<700>	Company Price Offerings (voice) Company Price Offerings (broadband)		(complete attached work (complete attached work			
<800>			(complete attached work			V
<900>	Tribal Land Offerings (Y/N)?	(if ye.	s, complete attached work	sheet)		
<1000>	Voice Services Rate Comparability Certification			l		
<1010>	>		(attach descriptive docu	ment)		
<1100>	> Certify whether terrestrial backhaul options exist (	Yes or No)	(if not, check to indicate	e certification)		
<1110>			(complete attached worl	ksheet)		
<1200>	Terms and Condition for Lifeline Customers		(complete attached worl	ksheet)		V
	Price Cap Carriers, Proceed to Price Cap Additional					
<2000>	Including Rate-of-Return Carriers affiliated with Pr	ice Cap Local Exchange (	Carriers (check to indicate certific	ation)		
<2005>			(complete attached work			

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to  $\underline{\text{ROR Additional Documentation Worksheet}}$ 

<3000>

<3005>

-	rvice Quality Improvement Reporting Ilection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	309020	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) O C	)
-1115	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(,,,, (,,,, ) () (	)
<111>	year plant filled with the FCC?	(yes / no ) U	,
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.		
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	
			Name of Attached Document
	Please select the appropriate responses below (Yes, No, Not Applicable) to confine that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to impr		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	. ,	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	309020
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start		Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	309020
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

1/1/2015

702> Single State-wide Residential Local Service Charge

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
			(		Residential Local			Mandatory Extended Area	
ŀ	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
ŀ									
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	309020
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

(800) Op	erating Companies	FCC Form 481
Data Col	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	309020
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.

<810>	Reporting Carrier	Tempo Telecom, LLC
<811>	Holding Company	Birch Equity Partners, LLC
<812>	Operating Company	Tempo Telecom, LLC

<039> Contact Email Address - Email Address of person identified in data line <030> shary1.fowler@mytempo.com

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-			
-			
-	See atta	ched worksh	et
-			
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(900) Tribal Lands Reporting Data Collection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010> Study Area Code	309020
<015> Study Area Name	Tempo Telecom LLC
<020> Program Year <030> Contact Name - Person USAC should contact regarding this data	2016 Sharyl Fowler
<035> Contact Name - Person OSAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030>	
<039> Contact Email Address - Email Address of person identified in data line <030>	
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	Name of Attached Document
§ 54.313(a)(9) includes:  Y	Select Yes or No or Not Applicable
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes <929> Compliance with Tribal Business and Licensing requirements.	

(1100) N	Io Terrestrial Backhaul Reporting		FCC Form 481
Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
			July 2015
<010>	Study Area Code	309020	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	a	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	erms and Condition for Lifeline Customers	FCC Form 481	
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
<b>Data Coll</b>	ection Form	July 2013	
<010>	Study Area Code	309020	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
	<b>-</b>	Name of Attached Document	
<1220>	Link to Public Website HTTP 1	nttp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx	
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.		

(2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013
<010>	Study Area Code	200020	
<015>	Study Area Name	309020	
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016 Sharyi Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	shary1.fowler@mytempo.com	
		Shary 1. Towici emy composition	
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as	•	
Connect	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform	ation reported on this form and in the documents attached below	vis accurate.
.2040	Incremental Connect America Phase I reporting		]
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)i}		
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}		
<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Document(s) Listing Req	quired Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}		
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	• • • • • • • • • • • • • • • • • • • •		
-2020	• • • • • • • • • • • • • • • • • • • •		
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2018	ora year broadband octvice ecremication		
<2019	Still year broadband Service Certification		
<2020>		2021 contains the required information	
12020	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support si	iall provide the number, names, and	
	addresses of community anchor institutions to which began providing	access to broadband service in the	
	preceding calendar year.		
.202	Later de December Communication Communicatio		
<2021>	Interim Progress Community Anchor Institutions		
		Name of Attached Document(s) L	isting Required Information

	ate Of Return Carrier Additional Documentation			3060-0986/OMB Control No. 3060-0819
			July 2013	
- <010>	Study Area Code	309020		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year  Contact Name - Descent USAS should contact recording this data	2016		
<030> <035>	Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>	Sharyl Fowler 4784761165 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com		
CHECK t	he boxes below to note compliance on its five year service quality plan (pursua	int to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring co	•	nancial reporting requirements set forth in 47
	CFR § 54.515(1)(2). Fluither tertify that t	me information reported on this form and in the documents attached	below is accurate.	1
(3010)	Progress Report on 5 Year Plan Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Name of Attached Document Listing Required Information	on	
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addroroviding access to broadband service in the preceding calendar year.	3012 contains the required information pursuant to		
	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)	8	
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2)	compliance require	es:
, ,	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	ach Flour		
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	asn Flows		1
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation			
		Name of Attached Document Listing Required Information	$\sim$	•
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)		
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to $\S$ 54.313(f)(2), contains			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a disconnection of their audited financial statement and Statement of Comment(s) for Balance Sheet, Income Statement and Statement of Comme			
(3020)	• • • • • • • • • • • • • • • • • • • •			
(3021)	Management letter and audit opinion issued by the independent certified p If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	oublic accountant that performed the company's financial audit	<b></b>	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024) (3025)	Underlying information subjected to an officer certification.  Document(s) for Balance Sheet, Income Statement and Statement of C	eash Flows		
(3026)	Attach the worksheet listing required information			
	-	Name of Attached Document Listing Required Information		

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	309020
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

Financial Data Cummany	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
(222.3) = 1.1.22	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	309020
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 309020 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	309020	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<020>	Contact Name Person LISAC should contact regarding this data	Charul Fowler	

4784761165 ext.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

<035> Contact Telephone Number - Number of person identified in data line <030>

I certify that (Name of Agent) also certify that I am an officer of the reporting carr agent; and, to the best of my knowledge, the report	is authorized to submit the information reported on behalf of the reporting carr y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authoriz data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this fo	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Authorized Agent or Employee of Agent:			
Signature of Authorized Agent or Employee of Agent:		Date:	
Printed name of Authorized Agent or Employee of Agent:			
Title or position of Authorized Agent or Employee of Agen	t		
Telephone number of Authorized Agent or Employee of A	gent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 1 18 of the United States Code, 18 U.S.C. § 1001.	934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title	



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		309020
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person USA	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Numbe	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Em	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Birch Equity Partners, LLC		
·	Birch Communications Holdings, Inc.		
	Birch Communications, Inc.		
	Birch Telecom, Inc.		
	Birch Communications of Virginia, Inc.		Birch Communications
	Birch Communications of Kentucky, LLC	269043	Birch Communications
	Cbeyond, Inc.		Birch
	Cbeyond Communications, LLC		Birch
	Birch Telecom of Texas Ltd, L.L.P		Birch Communications
	Birch Telecom of Kansas, Inc.		Birch Communications
	Birch Telecom of Missouri, Inc.		Birch Communications
	Birch Telecom of Oklahoma, Inc.		Birch Communications
	Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
	Birch Telecom of the Great Lakes, Inc.		Birch Communications
	Birch Telecom of the West, Inc.		Birch Communications
	Birch Communications of the Northeast, Inc.		Birch Communications
	Ionex Communications North, Inc.		Birch Communications
	Ionex Communications South, Inc.		Birch Communications
	Ionex Communications Inc.		Birch Communications
	Ionex Communications South, Inc.		Birch Communications
	Ionex Communications Inc.		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form			orm 481 Control No. 3060-0986/OMB Contr 013	ol No. 3060-0819
<010>	Study Area Code	559022			
<015>	Study Area Name	Tempo Telecom LLC			
<020>	Program Year	2016			
<030>	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.			
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytem	po.com		
ANNUA	AL REPORTING FOR ALL CARRIERS			54.313 Completio Required	
<100>	Service Quality Improvement Reporting		(complete attached worksheet,		
<200>	Outage Reporting (voice)		(complete attached worksheet,	)	· ·
<210> <300>	Unfulfilled Service Requests (voice)	o outages to report			
<310>	Detail on Attempts (voice)				
			(at	tach descriptive document)	
<320>	Unfulfilled Service Requests (broadband)				
<330>	Detail on Attempts (broadband)				
<b>\330&gt;</b>	Setal on Attempts (or sadsand)		(a	ttach descriptive document)	
<400>	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed				
<420>	Mobile				<u> </u>
<430> <440>	Number of Complaints per 1,000 customers (broadl	pand)			
<450>	Mobile				
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certification	n)	
					¬
<510>			(attached descriptive docur	ment)	_][]
<600>	Functionality in Emergency Situations		(check to indicate certification	n)	
					7
			(attached descriptive documen	t)	
<610>					
<700>	Company Price Offerings (voice)		(complete attached workshee	t)	
<710>	Company Price Offerings (broadband)		(complete attached workshee	t)	
<800>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	/:6.	(complete attached workshee		
	Voice Services Rate Comparability Certification		ves, complete attached workshee		
<1010>	>		(attach descriptive document	)	
<1100>	> Certify whether terrestrial backhaul options exist (	res or No)	(if not, check to indicate cert	ification)	
<1110> <1200>	Terms and Condition for Lifeline Customers		(complete attached workshee		
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works			
	Including Rate-of-Return Carriers affiliated with Pr			H	
<2000> <2005>		_	(check to indicate certification		
\ZUU3>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works	(complete attached worksheet sheet		

(check to indicate certification)

(complete attached worksheet)

<3000>

<3005>

	ervice Quality Improvement Reporting Ilection Form			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	559022			
<015>	Study Area Name	Tempo Telecom LLC			
<020>	Program Year	2016			
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler			
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytemp	oo.com		
<110>	Has your company received its ETC certification from the FCC?	(yes / no )	00		
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(ves / no )	$\cap$		
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a			
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	N	ame of Attached Document	
<113>	Maps detailing progress towards meeting plan targets				
<114>	Report how much universal service (USF) support was received				
<115>	How much (USF) was used to improve service quality and how support was used to impro	ove service quality			
<116>	How much (USF) was used to improve service coverage and how support was used to imp	prove service coverage			
<117>	How much (USF) was used to improve service capacity and how support was used to improve	rove service capacity			
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.				

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	559022
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
		+										
	_											

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	559022
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

1/1/2015

702> Single State-wide Residential Local Service Charge

<703>

<a< th=""><th>1&gt;</th><th><a2></a2></th><th><a3></a3></th><th><b1></b1></th><th><b2></b2></th><th><b3></b3></th><th><b4></b4></th><th><b5></b5></th><th><c></c></th></a<>	1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
Sta	ate	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
-									
-									
-									
-									
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									-

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	559022
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
ļ									
ŀ									
ŀ									

	erating Companies ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		559022	
<015>	Study Area Name		Tempo Telecom LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person	USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Nu	mber - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address	- Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<810>	Reporting Carrier	Tempo Telecom, LLC		
<811>	Holding Company	Birch Equity Partners, LLC	·	

<812> Operating Company

Tempo Telecom, LLC

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-			
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-	See atta	ached workshe	et
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	bal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2013	819
<015> Study Area Name <020> Program Year		Tempo Telecom LLC  2016  Sharyl Fowler  4784761165 ext.  sharyl.fowler@mytempo.com	
<920>	Tribal Government Engagement Obligation		
to confi demons	3(a)(9) includes:	Select /es or No or lot Applicable	

(1100) N	Io Terrestrial Backhaul Reporting		FCC Form 481
Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	559022	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	1	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	erms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Chudu Area Coda	
	Study Area Name	559022
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030	
<039>	Contact Email Address - Email Address of person identified in data line <030	sharyl.fowler@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP	http://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Pr	rice Cap Carrier Additional Documentation		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code		
<015>	Study Area Name	559022	
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016 Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	shary1.fowler@mytempo.com	
		Shary1.10wieremytempo.com	
6.1	No.	and the first of the second se	
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforr	•	I support, frozen High Cost support, High Cost support to offset access charge reductions, an
Connect		ation reported on this form and in the documents	attached below is accurate.
<2010>	Incremental Connect America Phase I reporting 2nd Year Certification {47 CFR § 54.313(b)(1)i}		
<2010>			
\2011a	> 310 feat certification (47 CFN g 34.313(b)(1)))		
<2011b	> Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Day	and the state of t
		Name of Attached Doc	ument(s) Listing Required Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}		
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>		<u> </u>	
<2018		<u></u>	
<2019			
<2020>	Please check the box to confirm that the attached document(s), on lir	e 2021 contains the required information	
	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s	nall provide the number, names, and $lacksquare$	
	addresses of community anchor institutions to which began providing	access to broadband service in the	
	preceding calendar year.		
42024:	laterias Danamas Community Amelona lantity tions		
<2021>	Interim Progress Community Anchor Institutions		
		Name of Atta	ched Document(s) Listing Required Information

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481	
Data Coll	ection Form		OMB Control No.	3060-0986/OMB Control No. 3060-0819
			July 2013	
-				
<010> <015>	Study Area Code Study Area Name	559022		
<020>	Program Year	Tempo Telecom LLC 2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler		
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com		
CHECK t	he boxes below to note compliance on its five year service quality plan (pursu	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring c the information reported on this form and in the documents attache	•	nancial reporting requirements set forth in 47
	Critis 34.313(1)(2). Fruitilei Certify that	the information reported on this form and in the documents attache	ed below is accurate.	1
(3010)	Progress Report on 5 Year Plan			
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}			]
		Name of Attached Document Listing Required Informa	tion	
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.			
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
		Name of Attached Document Listing Required Information		
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<b>∤</b> Q	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)		
Please	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2	) compliance require	es:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)			
(3016)	$\label{eq:Document} \mbox{Document}(s) \mbox{ for Balance Sheet, Income Statement and Statement of } \mbox{$G$}$	Cash Flows		_
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation			
		Name of Attached Document Listing Required Information	_	J
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	$\bigcap$	
(3010)		(10)10)		
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains			
(3019)	$\dot{\rm E}$ ither a copy of their audited financial statement; or (2) a financial report in $\dot{\rm E}$	format comparable to RUS Operating Report for Telecommunications	s 🔲	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows		
(3021)	Management letter and audit opinion issued by the independent certified			
()	If the response is no on line 3018, please check the boxes below	pasio accountant that performed the company a infancial adult	<u></u>	
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),			
	contains:			
(3022)	Copy of their financial statement which has been subject to review by an			
	independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications			
	Borrowers,			
(3023)	Underlying information subjected to a review by an independent certified			
(3024)	public accountant Underlying information subjected to an officer certification.		<del>⊩</del>	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	<u> </u>	
(2026)	Attach the worksheet listing required information			
(3026)	Arracu the Mouvement listing Ledanier Illiottilgrion			
		Name of Attached Document Listing Required Information		

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	559022
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3030) relephone riune in Service(1113)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
` ,	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	559022
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 559022 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - A	gent / Carrier	FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study	Area Code	559022
<015> Study	Area Name	Tempo Telecom LLC
<020> Progra	am Year	2016

4784761165 ext.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> shary1.fowler@mytempo.com

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

Certification of Agen	t Authorized to File Annual Reports for CAF or LI Recipion	ents on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent or Employee of Agent:			
Signature of Authorized Agent or Employee of Agent: Date:			
Printed name of Authorized Agent or Employee of Agent:			
Title or position of Authorized Agent or Employee of Agent			
Telephone number of Authorized Agent or Employee of Agent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title	



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		559022
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Er	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Birch Equity Partners, LLC		
	Birch Communications Holdings, Inc.		
	Birch Communications, Inc.		
	Birch Telecom, Inc.		
	Birch Communications of Virginia, Inc.		Birch Communications
	Birch Communications of Kentucky, LLC	269043	Birch Communications
	Cbeyond, Inc.		Birch
	Cbeyond Communications, LLC		Birch
	Birch Telecom of Texas Ltd, L.L.P		Birch Communications
	Birch Telecom of Kansas, Inc.		Birch Communications
	Birch Telecom of Missouri, Inc.		Birch Communications
	Birch Telecom of Oklahoma, Inc.		Birch Communications
	Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the Southeast dba Birch Telecom dba Birch
	Birch Telecom of the Great Lakes, Inc.		Birch Communications
	Birch Telecom of the West, Inc.		Birch Communications
	Birch Communications of the Northeast, Inc.		Birch Communications
	Ionex Communications North, Inc.		Birch Communications
	Ionex Communications South, Inc.		Birch Communications
	Ionex Communications Inc.		Birch Communications
	Ionex Communications South, Inc.		Birch Communications
	Ionex Communications Inc.		Birch Communications

FCC For	m 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0 July 2013	0986/OMB Control N	No. 3060-0819
<010>	Study Area Code	379031				
<015>	Study Area Name	Tempo Telecom I	LLC			
<020>	Program Year	2016				
-	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@my	ytempo.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required (check box whe	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached wor	ksheet)	(circul box wine	in complete)
<200>	Outage Reporting (voice)		(complete attached wor	•		~
<210>		outages to report		·		
<300>	Unfulfilled Service Requests (voice)			'		
<310>	Detail on Attempts (voice)					
				(attach descriptive do	cument)	
		<u> </u>				
<320>	Unfulfilled Service Requests (broadband)			<b>–</b>		
<330>	Detail on Attempts (broadband)			(attach descriptive de	ocument)	
				(attach descriptive at	ocumenty	
<400>	Number of Complaints per 1,000 customers (voice)					
<410> <420>	Fixed Mobile					
<430>	Number of Complaints per 1,000 customers (broads	l pand)				
<440>	Fixed					
<450>	Mobile Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certi	fication)		
<500>			(eneck to make cert	neationy		
<510>			(attached descriptive	e document)		
1310			(attached description	z documenty		
<600>	Functionality in Emergency Situations		(check to indicate certi	fication)		
			(attached descriptive do	ocument)		
<610>						
<700>	Company Price Offerings (voice)		(complete attached wo	orksheet)		
<710>	Company Price Offerings (broadband)		(complete attached wo	rksheet)		
<800>	Operating Companies and Affiliates		(complete attached wo			
	Tribal Land Offerings (Y/N)?  Voice Services Rate Comparability Certification		(if yes, complete attached wo	irksneet)		
					_	
<1010>			(attach descriptive do	cument)		
<1100>	Certify whether terrestrial backhaul options exist (Y	'es or No)	(if not, check to indice	ate certification)		
<1110>			(complete attached wo			
<1200>	Terms and Condition for Lifeline Customers	<b></b>	(complete attached wo	orksheet)		
	Price Cap Carriers, Proceed to Price Cap Additional Including Rate-of-Return Carriers affiliated with Price					
<2000>	medaling nate-of-netarii carriers affinatea With Ph	cc cup Locui Lxtiiu	(check to indicate certi	fication)		
<2005>			(complete attached wo	rksheet)		

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>

<3005>

	ervice Quality Improvement Reporting Illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	379031	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo	mpo.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) (	0 0
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(ves / no )	$\cap \cap$
<u> </u>	year plant filled with the rec:	(yes / 110 )	<u> </u>
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.		
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
			Name of Attached Document
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received	Γ	
<115>	How much (USF) was used to improve service quality and how support was used to impro	ove service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	prove service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to impr		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	379031
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
		+										
	_											

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	379031
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local		_	Mandatory Extended Area	
L	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	379031
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
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	erating Companies lection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	379031
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<810>	Reporting Carrier	Tempo Telecom, LLC
<811>	Holding Company	Birch Equity Partners, LLC
<812>	Operating Company	Tempo Telecom, LLC

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-			
-			
-	See atta	ched worksh	et
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(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2013	319
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
s 54 313(a)(9) includes:  Ye		Select Yes or No or Not Applicable	

(1100) No Terrestrial Backhaul Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Data Co	nection Form		July 2013	
<010>	Study Area Code	379031		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com		
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).			
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps		

(1200) Te	(1200) Terms and Condition for Lifeline Customers FCC Form 481				
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819			
<b>Data Coll</b>	ection Form	July 2013			
<010>	Study Area Code	379031			
<015>	Study Area Name	Tempo Telecom LLC			
<020>	Program Year	2016			
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler			
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com			
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans				
	•	Name of Attached Document			
<1220>	Link to Public Website HTTP	nttp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx			
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:					
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,				
<1222>	Details on the number of minutes provided as part of the plan,				
<1223>	Additional charges for toll calls, and rates for each such plan.				

Data Collection Form Including Rate of-Return Carriers affiliated with Price Cap Local Exchange Carriers    Author Control No. 3060-0986/OMB Control	(2000) Pr	ice Cap Carrier Additional Documentation	FCC Form 481
Study Area Code   179011   179012   179013   179013   179014   1	Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Study Area Name   Signature	Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
Study Area Name   Signature			
CODD. Program Year  CODD.	<010>	Study Area Code	270021
2015 Contact Name - Person USAC should contact regarding this data 2015 Contact Telephone Number - Number of person identified in data line <030> 2015 Contact Telephone Number - Number of person identified in data line <030> 2015 Contact Email Address - Email Address of person identified in data line <030> 2015 Contact Email Address - Email Address of person identified in data line <030> 2015 Contact Email Address - Email Address of person identified in data line <030> 2015 Contact Email Address - Email Address of person identified in data line <030> 2015 Contact Email Address - Email Address of person identified in data line <030> 2016 Contact Email Address - Email Address of person identified in data line <030> 2017 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2019 Contact Email Address - Email Address	<015>	Study Area Name	
Contact Telephone Number - Number of person identified in data line <030> Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate. Incremental Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate. Incremental Connect America Phase II support Asset I support Calculation (47 CFR § 54.313(b)(1));  2010a 3rd Year Certification (47 CFR § 54.313(b)(1));  Price Cap Carrier Receiving Frozen Support Calculation (47 CFR § 54.313(c)(1))  2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))  2014 Frozen Support Calculation (47 CFR § 54.313(c)(1))  2015 Prozen Support Calculation (47 CFR § 54.313(c)(1))  2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(1))  2017 Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)))  2018 Office Trozen Support Calculation (47 CFR § 54.313(c))  2019 Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)))  2010 Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)))  2011 Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c))  2012 Office Cap Carrier Connect America ICC Support (47 CFR § 54.313(c))  2013 Frozen Support Calculation (47 CFR § 54.313(c))  2014 Frozen Support Calculation (47 CFR § 54.313(c))  2015 Office Cap Carrier Connect America ICC Support (47 CFR § 54.313(c))  2016 and future Frozen Support Calculation (47 CFR § 54.313(c))  2017 Office Cap Carrier Connect America ICC Support (47 CFR § 54.313(c))  2018 Office Cap Carrier Connect America ICC Support (47 CFR § 54.313(c))  2019 Office Cap Carrier Connect America ICC Support (47 CFR § 54.313(c))  2010 Office Cap Carrier Connect America ICC Support (47 CFR § 54.313(c))  2010 Office Cap Carrier Connect America ICC Support (47 CFR § 54	<020>	•	
Contact Templifore Number - Number of person identified in data line <0305   Contact Email Address - Email Address of person identified in data line <0305   Contact Email Address - Email Address of person identified in data line <0305   Contact Email Address - Email Address of person identified in data line <0305   Contact Email Address - Email Address of person identified in data line <0305   Contact America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting 2010   2010   2011   2012   2014 For Certification (47 CFR § 54.313(b)(1)ii)  Attachment (47 CFR § 54.313(b)(1)ii)  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.313(c)(1)) 2013   2014 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2014   2015   2016   2016   2017   2017   2016   2017   2017   2018   3rd year Broadband Service Certification  Connect America Phase II Reporting (47 CFR § 54.313(c)) 2019   2010   2010   2010   2010   2011   2011   2011   2012   2013   2014   2015   2016   2016   2017   2017   2018   2019   2019   2010			
Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support to offset access charge reductions, Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting 2010b 2nd Year Certification (47 CFR § 54.313(b)(1)ii)  2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii) Attachment {47 CFR § 54.313(b)(1)ii}  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.313(c)(1)) 2013 2014 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2014 2015 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2015 2016 and future Frozen Support (47 CFR § 54.313(c)(1)) 2015 2016 and future Frozen Support (47 CFR § 54.313(c)(1)) 2016 Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(e)) 2017 3rd Year Broadband Service Certification 2018 5th year Broadband Service Certification 10 10 10 10 10 10 10 10 10 10 10 10 10 1		,	
Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase II support, Frozen High Cost support, High Cost support to offset access charge reductions, Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting 2010 2nd Year Certification (47 CFR § 54.313(b)(1)ii) 2011a Art Vear Certification (47 CFR § 54.313(b)(1)ii)  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.313(c)(1)) 2012 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2013 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2015 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)) 2015 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)) 2016 2016 Certification Support Used to Build Broadband 2016 Certification Support Used to Build Broadband 2017 3nd year Broadband Service Certification 3nd year Broadband Service Certification 3nd year Broadband Service Certification 3nd year Broadband Service Certification 40 year Broadband Service Certification 50 yours and the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e) (3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<039>	Contact Email Address - Email Address of person identified in data line <030>	
Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting 2010b 2014 vear Certification (47 CFR § 54.313(b)(1)i) 3rd Year Certification [47 CFR § 54.313(b)(1)ii) 42011b Attachment [47 CFR § 54.313(b)(1)ii]  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 42012 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 42013 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 42014 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)) 42015 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))  Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)(4))  Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)(4))  Connect America Phase II Reporting (47 CFR § 54.313(c)) 3rd year Broadband Service Certification  10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Shifty 1.12 wall employed.
Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting 2010b 2014 vear Certification (47 CFR § 54.313(b)(1)i) 3rd Year Certification [47 CFR § 54.313(b)(1)ii) 42011b Attachment [47 CFR § 54.313(b)(1)ii]  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 42012 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 42013 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 42014 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)) 42015 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))  Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)(4))  Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)(4))  Connect America Phase II Reporting (47 CFR § 54.313(c)) 3rd year Broadband Service Certification  10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Incremental Connect America Phase I reporting 2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i) 2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)  Attachment (47 CFR § 54.313(b)(1)ii)  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2014 2015 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2015 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))  2016 Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 1 Interim Progress Certification 2018> Sth year Broadband Service Certification 1 Interim Progress Certification 2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		., , , , , , , , , , , , , , , , , , ,	
2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i) 2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii) Attachment (47 CFR § 54.313(b)(1)ii) Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(1)) 2013> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2015 = 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(3)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(c)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Cornect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 1 Interim Progress Certification 2019> Interim Progress Certification 1 Interim Progress Certification 2020> Please check the box to confirm that the attached document(s), on line 2021 contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Connect		tion reported on this form and in the documents attached below is accurate.
<2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii) Attachment (47 CFR § 54.313(b)(1)ii) Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(2)) <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)) <2015  2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(3)) Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification Interim Progress Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information Please scheck the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	.2040		
Attachment {47 CFR § 54.313(b)(1)ii}  Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}  <2012			
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}  2012 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)} 2013 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)} 2014 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)} 2015 and future Frozen Support Calculation {47 CFR § 54.313(c)(3)} 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)} Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification Support Used to Build Broadband Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information price Cap Carrier Connect America ICC Support Shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2011a>	3rd Year Certification (47 CFR § 54.313(b)(1)II)	
Price Cap Carrier Receiving Frozen Support Calculation {47 CFR § 54.312(a)} <pre> <pre> <pre> <pre> <pre></pre></pre></pre></pre></pre>	<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}	
Price Cap Carrier Receiving Frozen Support Calculation {47 CFR § 54.312(a)} <pre> <pre> <pre> <pre> <pre></pre></pre></pre></pre></pre>			
Price Cap Carrier Receiving Frozen Support Calculation {47 CFR § 54.312(a)} <pre> <pre> <pre> <pre> <pre></pre></pre></pre></pre></pre>			
2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)} 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)} 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)} 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}  Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}  Certification Support Used to Build Broadband  Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification 1nterim Progress Certification 1nterim Progress Certification 1nterim Progress Certification 2019> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.			Name of Attached Document(s) Listing Required Information
2013 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)) 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))  Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))  Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}	
<ul> <li>2014&gt; 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}</li> <li>2015 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}</li> <li>Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}</li> <li>Certification Support Used to Build Broadband</li> <li>Connect America Phase II Reporting {47 CFR § 54.313(e)}</li> <li>3rd year Broadband Service Certification</li> <li>5th year Broadband Service Certification</li> <li>Interim Progress Certification</li> <li>Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</li> </ul>	<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}	
2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}  Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}  Certification Support Used to Build Broadband  Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification  Sth year Broadband Service Certification  Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}	
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}  Certification Support Used to Build Broadband  Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification  5th year Broadband Service Certification  Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}	
Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}	
Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification  C2019> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2016>		
<ul> <li>3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</li> </ul>	-2020	• • • • • • • • • • • • • • • • • • • •	
<2018> Sth year Broadband Service Certification	<2017>		
<2019> Interim Progress Certification <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		Sid year broadband Service Certification	
<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		stil year broadband service certification	
pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.			2021 contains the required information
addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	120207		all provide the number, names, and
		addresses of community anchor institutions to which began providing	ccess to broadband service in the
<2021> Interim Progress Community Anchor Institutions		preceding calendar year.	
<2021> Interim Progress Community Anchor Institutions	.202	Later to Brown and Comment of the Later to the state of	
	<2021>	Interim Progress Community Anchor Institutions	
Name of Attached Document(s) Listing Required Information			Name of Attached Document(s) Listing Required Information

(3000) Ra	3000) Rate Of Return Carrier Additional Documentation FCC Form 481				
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819		
			July 2013		
- <010>	Study Area Code	379031			
<015>	Study Area Name	Tempo Telecom LLC			
<020>	Program Year	2016			
<030> <035>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler			
<039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com			
CHECK	he boxes below to note compliance on its five year service quality plan (pursu CFR § 54.313(f)(2). I further certify that	ant to 47 CFR 9 54.202(a)) and, for privately neld carriers, ensuring c the information reported on this form and in the documents attach			
(3010)	Progress Report on 5 Year Plan				
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}				
		Name of Attached Document Listing Required Informa	tion		
(3011)	Please check this box to confirm that the attached document(s), on line				
	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.	iresses of community anchor institutions to which began			
	,				
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}				
(,					
		Name of Attached Document Listing Required Information			
	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	$\langle \mathcal{Q} \rangle$		
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	)()		
Please	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2	) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for				
	Telecommunications Borrowers)				
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	<del></del>		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation				
	report and an required documentation				
		Name of Attached Document Listing Required Information			
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)			
	If the response is yes on line 3018, please check the boxes below to		_		
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains				
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunication	s		
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows			
	• •				
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit			
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),				
	contains:				
(3022)	Copy of their financial statement which has been subject to review by an				
	independent certified public accountant; or 2) a financial report in a				
	format comparable to RUS Operating Report for Telecommunications				
(2022)	Borrowers,				
(3023)	Underlying information subjected to a review by an independent certified public accountant				
(3024)	Underlying information subjected to an officer certification.				
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows			
(3026)	Attach the worksheet listing required information				
(3020)	reads. the worksheet isting required information				
		Name of Attached Document Listing Required Information			

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	379031
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3030) relephone riune in Service(1113)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
` ,	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	379031
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

## Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 379031 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	379031
<015> Study Area Name	Tempo Telecom LLC

<010>	Study Area Code	
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carr agent; and, to the best of my knowledge, the report	is authorized to submit the information reported on behalf of the reporting carr y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authoriz data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this fo	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipien	ts on Behalf of Reporting Carrier
	horized to submit the annual reports for universal service support re reporting carrier; and, to the best of my knowledge, the informatio	· · · · · · · · · · · · · · · · · · ·
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Ager	ıt	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	334, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		379031
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Numbe	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
Bi	rch Equity Partners, LLC		
Bi	rch Communications Holdings, Inc.		
Bi	rch Communications, Inc.		
Bi	rch Telecom, Inc.		
Bi	rch Communications of Virginia, Inc.		Birch Communications
Bi	rch Communications of Kentucky, LLC	269043	Birch Communications
Cbe	eyond, Inc.		Birch
Cbe	eyond Communications, LLC		Birch
Bi	rch Telecom of Texas Ltd, L.L.P		Birch Communications
Bi	rch Telecom of Kansas, Inc.		Birch Communications
Bi	rch Telecom of Missouri, Inc.		Birch Communications
Bi	rch Telecom of Oklahoma, Inc.		Birch Communications
Bi	rch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
Bir	rch Telecom of the Great Lakes, Inc.		Birch Communications
Bir	rch Telecom of the West, Inc.		Birch Communications
Bi	rch Communications of the Northeast, Inc.		Birch Communications
IO	nex Communications North, Inc.		Birch Communications
IOI	nex Communications South, Inc.		Birch Communications
IOI	nex Communications Inc.		Birch Communications
IOI	nex Communications South, Inc.		Birch Communications
Ioi	nex Communications Inc.		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		· ·	CC Form 481 DMB Control No. 3060-0 uly 2013	1986/OMB Control No. 3060-	-0819
<010>	Study Area Code	389021				
<015>	Study Area Name	Tempo Telecom LLC				
<020>	Program Year	2016				
-	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytempo	o.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				Completion Comp	.422 pletion juired
<100>	Service Quality Improvement Reporting		(complete attached works	sheet)	(check box when comple	
<200>	Outage Reporting (voice)		(complete attached works	sheet)	·	
<210>	< check box if no	outages to report		Γ		1111
<300>	Unfulfilled Service Requests (voice)			٦		
∠310 <b>\</b>	Detail on Attempts (voice)					
<b>\310&gt;</b>	betail off Attempts (voice)					222
				(attach descriptive doc	ument)	
		+				
<320>	Unfulfilled Service Requests (broadband)			7		
<330>	Detail on Attempts (broadband)					
	· · ·			(attach descriptive do	ocument)	
<400>	Number of Complaints per 1,000 customers (voice)			╛		
<410>	Fixed					
<420>	Mobile					
<430> <440>	Number of Complaints per 1,000 customers (broadl	band)				
<450>	Mobile					
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certific	cation)		
<510>			(attached descriptive	document)		
<600>	Functionality in Emergency Situations		(check to indicate certific	cation)		
1000	runctionality in Emergency Steadtons		encer to malcute certific	edition,		
			(attached descriptive doc	ument)		
<610>						
4 <b>7</b> 005	Company Drive Offerings (value)					1877
<700>	Company Price Offerings (voice) Company Price Offerings (broadband)		(complete attached work			
<800>			(complete attached work			,
<900>	Tribal Land Offerings (Y/N)?	(if ye.	s, complete attached work	(sheet)		
<1000>	Voice Services Rate Comparability Certification			l		
<1010>	>		(attach descriptive docu	ment)		IIII
<1100>	> Certify whether terrestrial backhaul options exist (	Yes or No)	(if not, check to indicat	e certification)		
<1110>			(complete attached work	ksheet)		m
<1200>	Terms and Condition for Lifeline Customers		(complete attached work	ksheet)		<u>/</u>
	Price Cap Carriers, Proceed to Price Cap Additional					
<2000>	Including Rate-of-Return Carriers affiliated with Pr	ice Cap Local Exchange (	Carriers (check to indicate certific	cation)		
<2005>			(complete attached work			1111

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to  $\underline{\text{ROR Additional Documentation Worksheet}}$ 

<3000>

<3005>

	ervice Quality Improvement Reporting Illection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	389021	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<110>	Has your company received its ETC certification from the FCC?  If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no ) (	
<111>	year plan" filed with the FCC?	(yes / no ) (	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	-year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How much (USF) was used to improve service quality and how support was used to improve	ve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to impr	ove service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	389021
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check	Study Areas	Service Outage	Preventative
		-					Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
										<u> </u>		

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	389021
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
								+
								<del> </del>
								+
								-
	1			1		ı		1

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	389021
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
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(800) Ope	erating Companies		FCC Form 481	
Data Coll	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		389021	
<015>	Study Area Name		Tempo Telecom LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person	USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Nu	mber - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address	- Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<810>	Reporting Carrier	Tempo Telecom, LLC		
<811>	Holding Company	Birch Equity Partners, LLC		

<812> Operating Company

Tempo Telecom, LLC

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-			
=			
-	See atta	ached workshe	et
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	oal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2013	819
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Tribal Land(s) on which ETC Serves	Tempo Telecom LLC  2016  Sharyl Fowler  4784761165 ext.  sharyl.fowler@mytempo.com	
<920>	Tribal Government Engagement Obligation	Name of Attached Dogument	
to confi demons	3(a)(9) includes:	Select /es or No or Not Applicable	

(1100) N	Io Terrestrial Backhaul Reporting		FCC Form 481
Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	389021	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	a	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	erms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
z010s	Chudu Area Coda	
<010>	Study Area Code	389021
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030:	
<039>	Contact Email Address - Email Address of person identified in data line <030	sharyl.fowler@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP	http://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	200021	
<015>	Study Area Name	389021	
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016 Sharyi Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	shary1.fowler@mytempo.com	
		Shary1.10w1c1emyccmpo.com	
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as	•	
Connect	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform	ation reported on this form and in the documents attached below	vis accurate.
-2040-	Incremental Connect America Phase I reporting		]
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)i}		
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}		
<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Document(s) Listing Req	quired Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}		
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	• • • • • • • • • • • • • • • • • • • •		
\2010>	• • • • • • • • • • • • • • • • • • • •		
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	ora year broadband service certification		
<2019	Still year broadband Service Certification		
<2020>		2021	
\2020>	<ul> <li>Please check the box to confirm that the attached document(s), on lingursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient to § 54.313 (e)(3)(iiii), as a recipient to § 54.313 (e)(3)(iiii), as a recipient to § 54.313 (e)(3)(iiiiii), as a recipient to § 54.313 (e)(3)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>	e 2021,contains the required information	
	addresses of community anchor institutions to which began providing		
	preceding calendar year.		
	,		
<2021>	Interim Progress Community Anchor Institutions		
		Name of Attached Document(s) L	isting Required Information
		Name of Attached Document(s) L	

(3000) R	ate Of Return Carrier Additional Documentation		FCC Form 481
Data Col	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code		
<015>	Study Area Name	389021 Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com	
CHECK	he boxes below to note compliance on its five year service quality plan (pursu CFR § 54.313(f)(2). I further certify that	ant to 47 CFR 9 54.202(a)) and, for privately neld carriers, ensuring the the information reported on this form and in the documents attach	· · · · · · · · · · · · · · · · · · ·
(3010)	Progress Report on 5 Year Plan		
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Name of Attached Decument Listing Dequired Informa	Nion
		Name of Attached Document Listing Required Informa	tion
(3011)	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add		
	providing access to broadband service in the preceding calendar year.	resses of community anchor institutions to which began	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
		Name of Attached Document Listing Required Information	$\bigcirc$
	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report	(Yes/No) (Yes/No)	$\langle \succ \rangle$
	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2	) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	Cash Flows	
(3017)	If the response is yes on line 3014, attach your company's RUS annual		
	report and all required documentation		
		Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	$\cap$
(3016)		(resyno)	
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunication	s [
		0.1.5	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit	
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
(3022)	independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications		
	Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		<del> </del>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	<del>_</del>
(3026)	Attach the worksheet listing required information		
(3020)	Actual the worksheet listing required information		
		Name of Attached Document Listing Required Information	

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	389021
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
		<del>-</del>

Financial Data Summary	
rillalicial Data Sullillary	
(3027) Revenue	
(3027) Nevenue	
(2020) O	
(3028) Operating Expenses	
(3029) Net Income	
(00=0)	
(3030) Telephone Plant In Service(TPIS)	
(3030) relephone ridine in Service (1113)	
(2024) T-+-! A+-	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	389021	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

## Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 389021 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	389021
<015> Study Area Name	Tempo Telecom LLC
<020> Program Year	2016

4784761165 ext.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> shary1.fowler@mytempo.com

Certification of Officer to Au	horize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports a	is authorized to submit the information reported on behalf of the reporting carrier. In responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized I data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form	on be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipients	on Behalf of Reporting Carrier
	norized to submit the annual reports for universal service support reci reporting carrier; and, to the best of my knowledge, the information r	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 1934 18 of the United States Code, 18 U.S.C. § 1001.	, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		389021
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

<a1></a1>	<a2></a2>	<a3></a3>	
Affiliates	SAC	Doing Business As Company or Brand Designation	
Birch Equity Partners, LLC			
Birch Communications Holdings, Inc.			
Birch Communications, Inc.			
Birch Telecom, Inc.			
Birch Communications of Virginia, Inc.		Birch Communications	
Birch Communications of Kentucky, LLC	269043	Birch Communications	
Cbeyond, Inc.		Birch	
Cbeyond Communications, LLC		Birch	
Birch Telecom of Texas Ltd, L.L.P		Birch Communications	
Birch Telecom of Kansas, Inc.		Birch Communications	
Birch Telecom of Missouri, Inc.		Birch Communications	
Birch Telecom of Oklahoma, Inc.		Birch Communications	
Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch	
Birch Telecom of the Great Lakes, Inc.		Birch Communications	
Birch Telecom of the West, Inc.		Birch Communications	
Birch Communications of the Northeast, Inc.		Birch Communications	
Ionex Communications North, Inc.		Birch Communications	
Ionex Communications South, Inc.		Birch Communications	
Ionex Communications Inc.		Birch Communications	
Ionex Communications South, Inc.		Birch Communications	
Ionex Communications Inc.		Birch Communications	

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control N July 2013	o. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	429030		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.		
<039>	Contact Email Address: Email of the person identified in data line <030>	Sharyl.Fowler@myter	mpo.com	
ANNUA	AL REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete)
<200>	Outage Reporting (voice)		(complete attached worksheet)	· ·
<210> <300>	Unfulfilled Service Requests (voice)	o outages to report		
<310>	Detail on Attempts (voice)			
			(attach descr	iptive document)
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)			
<b>\330&gt;</b>	Detail on Attempts (broadsand)		(attach desc	criptive document)
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed			
<420>	Mobile			
<430> <440>	Number of Complaints per 1,000 customers (broadl	pand)		
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certification)	
<510>			(attached descriptive document)	
<600>	Functionality in Emergency Situations		(check to indicate certification)	
			(attached descriptive document)	
<610>				
<700>	Company Price Offerings (voice)		(complete attached worksheet)	
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	
<800>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	/#	(complete attached worksheet)  yes, complete attached worksheet)	
	Voice Services Rate Comparability Certification		yes, complete attached worksheety	
<1010>	•		(attach descriptive document)	
<1100>	> Certify whether terrestrial backhaul options exist (	res or No)	(if not, check to indicate certification)	
<1110> <1200>	.  Terms and Condition for Lifeline Customers		(complete attached worksheet) (complete attached worksheet)	
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Work		
	Including Rate-of-Return Carriers affiliated with Pr			1
<2000> <2005>		_	(check to indicate certification)	
\ZUU3>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Work	(complete attached worksheet) <b>(Sheet</b>	

(check to indicate certification)

(complete attached worksheet)

<3000>

<3005>

	ervice Quality Improvement Reporting Ollection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	429030		
<015>	Study Area Name	Tempo Telec	om LLC	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowl	er	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165	ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowl	er@mytempo.com	
<110>	Has your company received its ETC certification from the FCC?	(ye	s/no) O O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	lvo	s / no ) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a		
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year		Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service quali	ty	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service cov	rerage	
<117>	How much (USF) was used to improve service capacity and how support was used to improve	ove service cap	acity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	429030
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	<b>Customers Affected</b>	Total Number of	Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	429030
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

> [	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
_	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	429030
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
ŀ									

(800) Op	erating Companies	FCC Form 481
Data Col	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	429030
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.

ر دور دور دور دور دور دور دور دور دور دور	Departing Couries	Tempo Telecom, LLC
<810>	Reporting Carrier	
<811>	<b>Holding Company</b>	Birch Equity Partners, LLC
<812>	Operating Company	Tempo Telecom, LLC

<039> Contact Email Address - Email Address of person identified in data line <030> Sharyl.Fowler@mytempo.com

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
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-	See atta	ched worksh	et
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	oal Lands Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0 July 2013	)819
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <03 Contact Email Address - Email Address of person identified in data line <03 Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
to confir demons	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to 8(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  Compliance with Facilities Siting rules  Compliance with Environmental Review processes  Compliance with Cultural Preservation review processes	Select Yes or No or Not Applicable	
<926> <927>	Compliance with Facilities Siting rules Compliance with Environmental Review processes		

(4400)			
	Io Terrestrial Backhaul Reporting llection Form	(	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 uly 2013
<010>	Study Area Code	429030	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	erms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<b>Data Coll</b>	ection Form	July 2013
<010>	Study Area Code	429030
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP	nttp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, obsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Pi	rice Cap Carrier Additional Documentation		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
	, , , , , , , , , , , , , , , , , , , ,		
<010>	Study Area Code		
<015>	Study Area Name	429030	
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Sharyl Fowler 4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>		
		SharyI.Fowler@mytempo.com	
	le appropriate responses below (Yes, No, Not Applicable) to note compliance as America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforr	•	t, frozen High Cost support, High Cost support to offset access charge reductions, and
Connect		lation reported on this form and in the documents attache	d below is accurate.
420105	Incremental Connect America Phase I reporting		
<2010>			
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}		
<2011b	> Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Document(s) L	isting Required Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}		
<2013>	> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014>	> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
<2015>	> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	, , , , , , , , , , , , , , , , , , , ,		
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2018	ord year broadband bervice certification		
<2019	Still year broadband Service certification		
<2020>		2021 contains the required information	
12020	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s	nall provide the number, names, and	
	addresses of community anchor institutions to which began providing		
	preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions		
		Name of Attached Docu	ment(s) Listing Required Information
		or recorded book	and the second s

	ate Of Return Carrier Additional Documentation			3060-0986/OMB Control No. 3060-0819
			July 2013	
- <010>	Study Area Code	429030		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year	2016		
<030> <035>	Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>	Sharyl Fowler 4784761165 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com		
CHECK t	he boxes below to note compliance on its five year service quality plan (pursua		•	nancial reporting requirements set forth in 47
	CFR 9 54.313(1)(2). I further certify that t	the information reported on this form and in the documents attached	below is accurate.	1
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	Name of Attached Document Listing Required Information	on	
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.	3012 contains the required information pursuant to		
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
	Is your company a Privately Held ROR Carrier {47 CFR $\S$ 54.313(f)(2)} If yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)	8	
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § $54.313(f)(2)$	compliance require	es:
, ,	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	anh Flavor		
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Co	asn Flows		1
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation			
		Name of Attached Document Listing Required Information	$\sim$	•
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)		
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a significant body for Balance Sheet, Income Statement and Statement of Comment(s) for Balance Sheet, Income Statement and Statement of Comments and Statement of Comments and Statement of Comments and Statement of Comments and Statement and St			
(3020)				
(3021)	Management letter and audit opinion issued by the independent certified p If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	oublic accountant that performed the company's financial audit	<b></b>	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024) (3025)	Underlying information subjected to an officer certification.  Document(s) for Balance Sheet, Income Statement and Statement of C	Sash Flows		
(3026)	Attach the worksheet listing required information			
	· ·	Name of Attached Document Listing Required Information		

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	429030
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com

Financial Data Summary	
(3027) Revenue	
,	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(5555) 1556	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	429030
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Sharyl.Fowler@mytempo.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 429030 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	429030	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	

4784761165 ext.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> Sharyl.Fowler@mytempo.com

<035> Contact Telephone Number - Number of person identified in data line <030>

I certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrie also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorize agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Authorized Agent or Employee of Agent:					
Signature of Authorized Agent or Employee of Agent:	Date:				
Printed name of Authorized Agent or Employee of Ager					
Title or position of Authorized Agent or Employee of Ag	t				
Telephone number of Authorized Agent or Employee o	gent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this f	n can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		429030
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>		Sharyl.Fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Birch Equity Partners, LLC		
Birch Communications Holdings, Inc.		
Birch Communications, Inc.		
Birch Telecom, Inc.		
Birch Communications of Virginia, Inc.		Birch Communications
Birch Communications of Kentucky, LLC	269043	Birch Communications
Cbeyond, Inc.		Birch
Cbeyond Communications, LLC		Birch
Birch Telecom of Texas Ltd, L.L.P		Birch Communications
Birch Telecom of Kansas, Inc.		Birch Communications
Birch Telecom of Missouri, Inc.		Birch Communications
Birch Telecom of Oklahoma, Inc.		Birch Communications
Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
Birch Telecom of the Great Lakes, Inc.		Birch Communications
Birch Telecom of the West, Inc.		Birch Communications
Birch Communications of the Northeast, Inc.		Birch Communications
Ionex Communications North, Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0 July 2013	986/OMB Control I	No. 3060-0819
<010>	Study Area Code	369033				
<015>	Study Area Name	Tempo Telecom LLC				
<020>	Program Year	2016				
-	Contact Name: Person USAC should contact					
	with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytem	po.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached work	ksheet)	(circui box with	
<200>	Outage Reporting (voice)		(complete attached work	ksheet)		~
<210>		outages to report		Γ		
<300>	Unfulfilled Service Requests (voice)			_		
<310>	Detail on Attempts (voice)					
				(attach descriptive doc	rument)	
		<u>.</u>				
<320>	Unfulfilled Service Requests (broadband)			_		
222	Detail on Attempts (breadhand)					
<330>	Detail on Attempts (broadband)			(attach descriptive do	ocument)	
<400>	Number of Complaints per 1,000 customers (voice)	<del></del>				
<410> <420>	Fixed Mobile					
<430>	Number of Complaints per 1,000 customers (broads	pand)				111111
<440> <450>	Fixed Mobile					
<500>	Service Quality Standards & Consumer Protection R	l ules Compliance	(check to indicate certif	fication)		
			7			1
<510>			(attached descriptive	document)		
<600>	Functionality in Emergency Situations		(check to indicate certif	fication)		
			(attached descriptive do	cument)		
<610>						
<700>	Company Price Offerings (voice)		(complete attached wor	rksheet)		
<710>	Company Price Offerings (broadband)		(complete attached wor			<u>,                                    </u>
<800> <900>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	(if y	(complete attached wor yes, complete attached wor	ſ		11111
	Voice Services Rate Comparability Certification		yes, complete attached wor			
<1010>	,		(attach descriptive doc	ument)		
2020						
<1100>	<ul> <li>Certify whether terrestrial backhaul options exist ()</li> </ul>	(es or No)		te certification)		11111
		7 0 0	,	i		
<1110> <1200>	Terms and Condition for Lifeline Customers		(complete attached wo	·		V
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works		. :==-/		
	Including Rate-of-Return Carriers affiliated with Pr					
<2000>	<del></del>	3	(check to indicate certifi			
<2005>			(complete attached wor	ksneet)	ı I	111111

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to  $\underline{\text{ROR Additional Documentation Worksheet}}$ 

<3000>

<3005>

	ervice Quality Improvement Reporting Illection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	369033			
<015>	Study Area Name	Tempo Telecom LLC	!		
<020>	Program Year	2016			
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler			
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@myte	empo.com		
<110>	Has your company received its ETC certification from the FCC?	(yes / no )	00		
.444.	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	( / )	$\cap \cap$		
<111>	year plan" filed with the FCC?	(yes / no )			
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.				
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a			
				Name of Attached Document	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year			
<113>	Maps detailing progress towards meeting plan targets				
<114>	Report how much universal service (USF) support was received			1	
<115>	How much (USF) was used to improve service quality and how support was used to impro	ove service quality		7	
<116>	How much (USF) was used to improve service coverage and how support was used to imp			╡	
<117>	How much (USF) was used to improve service capacity and how support was used to impr			=	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			j	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	369033
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	<b>Customers Affected</b>		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	369033
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local		_	Mandatory Extended Area	
L	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	369033
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

. , .	erating Companies ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	369033
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier Tempo Telecom, LLC	

<811> Holding Company

<812> Operating Company

Birch Equity Partners, LLC

Tempo Telecom, LLC

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-	See atta	ached worksh	et
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	pal Lands Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. July 2013	3060-0819
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <0303 Contact Email Address - Email Address of person identified in data line <0300 Tribal Land(s) on which ETC Serves			
<920>	Tribal Government Engagement Obligation	Name of Attache	ed Document	
to confi demons	R(a)(9) includes:	Select Yes or No or Not Applicable		

	Io Terrestrial Backhaul Reporting llection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	369033	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

	erms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
<010>	Study Area Code	369033
<015>	Study Area Name	
<020>	Program Year	Tempo Telecom LLC
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	Sharyl Fowler
<039>	Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext.
<u> </u>	Contact Email Address - Email Address of person identified in data life <0307	sharyl.fowler@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
	_	Name of Attached Document
<1220>	Link to Public Website HTTP ht	ttp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, obsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Pi	rice Cap Carrier Additional Documentation			FCC Form 481	
Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers				OMB Control No. 3060-0986/OMB Control No. 3060-0819	
				July 2013	
	, , , , , , , , , , , , , , , , , , , ,				
<010>	Study Area Code	250022			
<015>	Study Area Name	369033			
<020>	Program Year	Tempo Telecom LLC			
<030>	Contact Name - Person USAC should contact regarding this data	2016			
<035>	Contact Telephone Number - Number of person identified in data line <030>	Sharyl Fowler 4784761165 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com			
		Sharyr.rowier@mytempo.com			
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforr	•			
Connect		nation reported on this form and in t	ne documents attached below is accura	ate.	
420105	Incremental Connect America Phase I reporting				
<2010>					
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}				
<2011b	> Attachment {47 CFR § 54.313(b)(1)ii}				
		Name	of Attached Document(s) Listing Required Infor	mation	
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))				
<2012>	> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}				
<2013>	> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}				
<2014>	> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}				
<2015>	> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}				
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}				
<2016>	, , , , , , , , , , , , , , , , , , , ,				
<2017>	Connect America Phase II Reporting {47 CFR § 54.313(e)}  3rd year Broadband Service Certification				
<2018	ord year broadband bervice certification				
<2019	Still year broadband Service certification				
<2020>		a 2021 contains the required info	rmation		
12020	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s	nall provide the number, names, a	and		
	addresses of community anchor institutions to which began providing				
	preceding calendar year.				
<2021>	Interim Progress Community Anchor Institutions				
		L	Name of Attached Document(s) Listing Requ	ired Information	

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	0.0000	
<015>	Study Area Name	369033 Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com	
CHECK	he boxes below to note compliance on its five year service quality plan (pursu CFR § 54.313(f)(2). I further certify that	ant to 47 CFR 9 54.202(a)) and, for privately neld carriers, ensuring the information reported on this form and in the documents attach	
(3010)	Progress Report on 5 Year Plan		
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Name of Athenical Decreased Listing Decreased Information	At a r
		Name of Attached Document Listing Required Informa	tion
(3011)	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add		
	providing access to broadband service in the preceding calendar year.	nesses of community anchor institutions to which began	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(2242)		Name of Attached Document Listing Required Information (Yes/No)	$\bigcirc$
	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report	(Yes/No)	<b>1</b> ₩
			) oceanies acceptance
	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(1)(2	) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	Cash Flows	
(3017)	If the response is yes on line 3014, attach your company's RUS annual		
	report and all required documentation		
		Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	$\bigcap$
, ,	If the response is yes on line 3018, please check the boxes below to	<u> </u>	
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	$\dot{E}$ ither a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunication	s [
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	
	• •		
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit	<b></b>
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
	independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified		
(3023)	public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	<del></del>
(3026)	Attach the worksheet listing required information		
		Name of Attached Document Listing Required Information	

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	369033
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

Financial Data Summary	
rillalicial Data Sullillary	
(3027) Revenue	
(3027) Nevenue	
(2020) O	
(3028) Operating Expenses	
(3029) Net Income	
(00=0)	
(3030) Telephone Plant In Service(TPIS)	
(3030) relephone ridine in Service (1113)	
(2024) T-+-! A+-	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	369033
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 369033 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	369033	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

	is authorized to submit the information reported on behalf of the reporting car my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorid data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agen	t Authorized to File Annual Reports for CAF or LI Recipie	nts on Behalf of Reporting Carrier
	thorized to submit the annual reports for universal service support e reporting carrier; and, to the best of my knowledge, the informat	· · · · · · · · · · · · · · · · · · ·
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent	:	
Title or position of Authorized Agent or Employee of Age	nt	
Telephone number of Authorized Agent or Employee of	Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this fo	rm can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		369033
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
Bi	rch Equity Partners, LLC		
Bi	rch Communications Holdings, Inc.		
Bi	rch Communications, Inc.		
Bi	rch Telecom, Inc.		
Bi	rch Communications of Virginia, Inc.		Birch Communications
Bi	rch Communications of Kentucky, LLC	269043	Birch Communications
Cbe	eyond, Inc.		Birch
Cbe	eyond Communications, LLC		Birch
Bi	rch Telecom of Texas Ltd, L.L.P		Birch Communications
Bi	rch Telecom of Kansas, Inc.		Birch Communications
Bi	rch Telecom of Missouri, Inc.		Birch Communications
Bi	rch Telecom of Oklahoma, Inc.		Birch Communications
Bi	rch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
Bir	rch Telecom of the Great Lakes, Inc.		Birch Communications
Bir	rch Telecom of the West, Inc.		Birch Communications
Bi	rch Communications of the Northeast, Inc.		Birch Communications
IOI	nex Communications North, Inc.		Birch Communications
IOI	nex Communications South, Inc.		Birch Communications
IOI	nex Communications Inc.		Birch Communications
IOI	nex Communications South, Inc.		Birch Communications
Ioi	nex Communications Inc.		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 4 OMB Contro July 2013	81 ol No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	319042		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.		
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@myter	mpo.com	
ANNUA	AL REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete)
<200>	Outage Reporting (voice)		(complete attached worksheet)	V
<210> <300>	Unfulfilled Service Requests (voice)	o outages to report		
<310>	Detail on Attempts (voice)			
			(attach d	escriptive document)
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)			
<b>\330&gt;</b>	Setal on Attempts (or sadsand)		(attach	descriptive document)
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed			
<420>	Mobile			<u> </u>
<430> <440>	Number of Complaints per 1,000 customers (broadl	pand)		
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certification)	
<510>			(attached descriptive document)	
<600>	Functionality in Emergency Situations		(check to indicate certification)	
			(attached descriptive document)	
<610>				
<700>	Company Price Offerings (voice)		(complete attached worksheet)	
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	
<800>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	1:5	(complete attached worksheet)	
	Voice Services Rate Comparability Certification		yes, complete attached worksheet)	
<1010>	>		(attach descriptive document)	
<1100>	> Certify whether terrestrial backhaul options exist (	res or No)	(if not, check to indicate certification	on)
<1110> <1200>	Terms and Condition for Lifeline Customers		(complete attached worksheet) (complete attached worksheet)	
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Work		
	Including Rate-of-Return Carriers affiliated with Pr			1
<2000> <2005>			(check to indicate certification)	
\ZUU3>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Work	(complete attached worksheet)	

(check to indicate certification)

(complete attached worksheet)

<3000>

<3005>

	ervice Quality Improvement Reporting Ollection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	319042		
<015>	Study Area Name	Tempo Telec	om LLC	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowl	er	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165	ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowl	er@mytempo.com	
<110>	Has your company received its ETC certification from the FCC?	(ye	s/no) O O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(ve	s / no ) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a		
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year		Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service quali	ty	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service cov	verage	
<117>	How much (USF) was used to improve service capacity and how support was used to impr	ove service cap	acity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	319042
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start		Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	319042
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local		_	Mandatory Extended Area	
L	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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-									
-									
L									
F									
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j									
-									
L		<u> </u>							

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	319042
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
ŀ									

(800) Op	erating Companies	FCC Form 481			
Data Col	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819			
		July 2013			
<010>	Study Area Code	319042			
<015>	Study Area Name	Tempo Telecom LLC			
<020>	Program Year	2016			
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler			
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com			

<810>	Reporting Carrier	Tempo Telecom, LLC
<811>	Holding Company	Birch Equity Partners, LLC
<812>	Operating Company	Tempo Telecom, LLC

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-			
-			
-	See atta	ched workshe	eet
-			
-			<u> </u>
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-			
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(900) Tribal Lands Reporting Data Collection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030 <039> Contact Email Address - Email Address of person identified in data line <030 <910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	Name of Attached Decument
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:  <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes <929> Compliance with Tribal Business and Licensing requirements.	Select Yes or No or Not Applicable

(1100) B	No Township   Doddon   Doggating			
	No Terrestrial Backhaul Reporting Illection Form			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	319042		
<015>	Study Area Name	Tempo Te	lecom LLC	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl F	owler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	47847611	65 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.f	owler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	à [		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps		

Lifeline	erms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
1010	Chudu Area Code	
<010>	Study Area Code	319042
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <03	
<039>	Contact Email Address - Email Address of person identified in data line <03	J> sharyl.fowler@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
		Name of Attached Document
<1220>	Link to Public Website HTTP	http://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Pi	rice Cap Carrier Additional Documentation		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
	, ,		
<010>	Study Area Code		
<015>	Study Area Name	319042	
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Sharyl Fowler 4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	shary1.fowler@mytempo.com	
		Shary1.10wier@mytempo.com	
	le appropriate responses below (Yes, No, Not Applicable) to note compliance as America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforr	•	
Connect		ation reported on this form and in the documents attached below is act	curate.
42010s	Incremental Connect America Phase I reporting		
<2010>	- ( // / /		
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}		
<2011b	> Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Document(s) Listing Required I	Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}		
<2013>	> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014>	> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		7
<2015>	> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		Ħ
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		_
<2016>	11 1 2		
<2017>	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2018	ora year broadband bervice certification		
<2019	Still year broadballa Service Certification		
<2020>		2021 contains the required information	
12020	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s	all provide the number, names, and	
	addresses of community anchor institutions to which began providing		
	preceding calendar year.		
<2021>	> Interim Progress Community Anchor Institutions		
		Name of Attached Document(s) Listing R	Required Information
		.,, 5	

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
=			
<010> <015>	Study Area Code Study Area Name	319042 Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
CHECK t	he boxes below to note compliance on its five year service quality plan (pursua		
	CFR § 54.313(1)(2). I further certify that to	he information reported on this form and in the documents attache	ed below is accurate.
(3010)	Progress Report on 5 Year Plan		
, ,	Milestone Certification {47 CFR § 54.313(f)(1)(i)}		
		Name of Attached Document Listing Required Information	tion
	Please check this box to confirm that the attached document(s), on line 3	3012 contains the required information pursuant to	
	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addr providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
		Name of Attached Document Listing Required Information	
(2012)	la varia company a Drivataly Hold DOD Carrier (47 CED & E4 242/6/2))	Name of Attached Document Listing Required Information (Yes/No)	) <sub>(</sub> ()
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report	(Yes/No)	<b>₹₩</b>
, ,			
	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2	compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows	
(,			<u> </u>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
		Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	) <del>(</del> ()
(5010)		(134,137)	
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a f	ormat comparable to RUS Operating Report for Telecommunications	;
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	<u></u>
(3021)	Management letter and audit opinion issued by the independent certified p	ublic accountant that performed the company's financial audit	
	If the response is no on line 3018, please check the boxes below		
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
	independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified		
(,	public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	
(3026)	Attach the worksheet listing required information		
(3320)			
	<b>.</b>	Name of Attached Document Listing Required Information	

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	319042
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

Financial Data Cummany	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
(222.3) = 1.1.22	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	319042
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

#### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 319042 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Age Data Collection Fo		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010> Study Ar	ea Code	319042	
<015> Study Ar	ea Name	Tempo Telecom LLC	
<020> Program	Vear	2016	

4784761165 ext.

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipients	on Behalf of Reporting Carrier
	norized to submit the annual reports for universal service support reci reporting carrier; and, to the best of my knowledge, the information r	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent: Date:		
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 1934 18 of the United States Code, 18 U.S.C. § 1001.	, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		319042
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

Inc.  a, Inc.  y, LLC	SAC 269043	Birch Communications Birch Communications
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a, Inc.	269043	
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Ty, LLC	269043	Rirch Communications
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es, Inc.		Birch Communications
		Birch Communications
theast, Inc.		Birch Communications
! <b>.</b>		Birch Communications
!.		Birch Communications
		Birch Communications
1.		Birch Communications
		Birch Communications

FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Fo OMB C July 20:	ontrol No. 3060-0986/OMB Control	No. 3060-0819
<010>	Study Area Code	189031			
<015>	Study Area Name	Tempo Telecom LLC			
<020>	Program Year	2016			
<030>	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.			
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytem	po.com		
ANNUA	AL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box with	in complete)
<200>	Outage Reporting (voice)		(complete attached worksheet)		~
<210> <300>	Unfulfilled Service Requests (voice)	o outages to report			
<310>	Detail on Attempts (voice)				
			(atto	ach descriptive document)	
<320>	Unfulfilled Service Requests (broadband)				
~22 <b>0</b> >	Detail on Attempts (broadband)				
<330>	Detail of Attempts (of Gauband)		(at	tach descriptive document)	
<400>	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed				
<420>	Mobile				<u> </u>
<430> <440>	Number of Complaints per 1,000 customers (broadl	pand)			
<450>	Mobile				
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certification)		<u>]</u>
<510>			(attached descriptive docum	ent)	
<600>	Functionality in Emergency Situations		(check to indicate certification)		
					1
			(attached descriptive document,		
<610>					
<700>	Company Price Offerings (voice)		(complete attached worksheet)		
<710>	Company Price Offerings (broadband)		(complete attached worksheet)		
<800>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	(if y	(complete attached worksheet) yes, complete attached worksheet)		111111
	Voice Services Rate Comparability Certification		yes, complete attached worksheety		
<1010>			(attach descriptive document)		
<1100>	> Certify whether terrestrial backhaul options exist (	res or No)	(if not, check to indicate certif	ication)	
<1110> <1200>	Terms and Condition for Lifeline Customers		(complete attached worksheet,		
-1200/	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works			
	Including Rate-of-Return Carriers affiliated with Pr			H	
<2000> <2005>		_	(check to indicate certification)		
<b>~2003</b> >	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works	(complete attached worksheet) sheet		

(check to indicate certification)

(complete attached worksheet)

<3000>

<3005>

	ervice Quality Improvement Reporting Illection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	189031	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) O C	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) O C	)
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How much (USF) was used to improve service quality and how support was used to improve	ve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to improve	ove service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	189031
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	<b>Customers Affected</b>	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	189031
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
			(		Residential Local			Mandatory Extended Area	
ŀ	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	189031
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
								_	

` , ,	erating Companies ection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
			·
<010>	Study Area Code	189031	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<810>	Reporting Carrier Tempo Telecom, LLC		

<810> Reporting Carrier
<811> Holding Company

<812> Operating Company

Birch Equity Partners, LLC

Tempo Telecom, LLC

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	See atta	ached worksh	et

(900) Tribal Lands Data Collection Fo			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. July 2013	3060-0819
<035> Contact <039> Contact	ea Name	189031 Tempo Telecom LLC 2016 Sharyl Fowler 4784761165 ext. sharyl.fowler@mytempo.com		
<920> Tribal Go	overnment Engagement Obligation	Name of Attache	ed Document	
to confirm the state demonstrates coor § 54.313(a)(9) incluses a commun	ides:	Select yes or No or Not Applicable		

(1100) N	Io Terrestrial Backhaul Reporting		FCC Form 481
-	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	189031	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	n	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	erms and Condition for Lifeline Customers	FCC Form 481		
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819		
<b>Data Coll</b>	ection Form	July 2013		
<010>	Study Area Code	189031		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com		
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
		Name of Attached Document		
<1220>	Link to Public Website HTTP	nttp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx		
or the we	"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,			
<1222>	Details on the number of minutes provided as part of the plan,			
<1223>	Additional charges for toll calls, and rates for each such plan.			

(2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	189031	
<015>	Study Area Name		
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016 Sharyi Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	shary1.fowler@mytempo.com	
		Shary 1. Towici Guly Compo. Com	
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as	· · · · · · · · · · · · · · · · · · ·	,,
Connect	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform	ation reported on this form and in the documents attached below	is accurate.
.2040	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)i}		
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}		
<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Document(s) Listing Requ	uired Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}		
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		<del>=</del>
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	• • • • • • • • • • • • • • • • • • • •		
-2020	• • • • • • • • • • • • • • • • • • • •		
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2018	ora year broadband octvice ecremication		
<2019	Still year broadband Service Certification		
<2020>		2021 contains the required information	
12020	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support si	hall provide the number, names, and	
	addresses of community anchor institutions to which began providing	access to broadband service in the	
	preceding calendar year.		
205:			
<2021>	Interim Progress Community Anchor Institutions		
		Name of Attached Document(s) Lis	sting Required Information

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	10000	
<015>	Study Area Name	189031 Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com	
CHECK	he boxes below to note compliance on its five year service quality plan (pursu CFR § 54.313(f)(2). I further certify that	iant to 47 CFR 9 54.202(a)) and, for privately neld carriers, ensuring c the information reported on this form and in the documents attach	
(3010)	Progress Report on 5 Year Plan		
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Name of Attached Decument Listing Decuised Informa	Hon
		Name of Attached Document Listing Required Informa	tion
(3011)	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add		
	providing access to broadband service in the preceding calendar year.	arosoco or community arionor monatations to which began	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
		News of Attached December United Regions and Information	
(2012)	In views company of Drivetely Held DOD Couries (47 CED 5 E4 242/5/21)	Name of Attached Document Listing Required Information (Yes/No)	) <sub>(</sub> ()
	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report	(Yes/No)	<b>1</b> ≥
	check these boxes to confirm that the attached document(s), on line 30	017 contains the required information pursuant to \$ 54.313/fb/3	) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for	717, contains the required information pursuant to 9 34.313(1)(2	compliance requires.
(3013)	Telecommunications Borrowers)		4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	Cash Flows	
(3017)	If the response is yes on line 3014, attach your company's RUS annual		
	report and all required documentation		
		Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	)(C)
	If the response is yes on line 3018, please check the boxes below to	<u> </u>	
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	$\dot{E}$ ither a copy of their audited financial statement; or (2) a financial report in a	a format comparable to RUS Operating Report for Telecommunication	s 🔲
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	
	• •		
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit	
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
	independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified		
(3023)	public accountant		
(3024)	Underlying information subjected to an officer certification.	0 1 5	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	
(3026)	Attach the worksheet listing required information		
		Name of Attached Document Listing Required Information	

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	189031
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
•	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	189031
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 189031 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	189031
<015> Study Area Name	Tempo Telecom LLC

 <020>
 Program Year
 2016

 <030>
 Contact Name - Person USAC should contact regarding this data
 Sharyl Fowler

 <035>
 Contact Telephone Number - Number of person identified in data line <030>
 4784761165 ext.

 <039>
 Contact Email Address - Email Address of person identified in data line <030>
 sharyl.fowler@mytempo.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carr agent; and, to the best of my knowledge, the report	is authorized to submit the information reported on behalf of the reporting carr y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authoriz data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this fo	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipien	ts on Behalf of Reporting Carrier
	horized to submit the annual reports for universal service support re reporting carrier; and, to the best of my knowledge, the informatio	· · · · · · · · · · · · · · · · · · ·
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Ager	ıt	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	334, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		189031
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Birch Equity Partners, LLC		
Birch Communications Holdings, Inc.		
Birch Communications, Inc.		
Birch Telecom, Inc.		
Birch Communications of Virginia, Inc.		Birch Communications
Birch Communications of Kentucky, LLC	269043	Birch Communications
Cbeyond, Inc.		Birch
Cbeyond Communications, LLC		Birch
Birch Telecom of Texas Ltd, L.L.P		Birch Communications
Birch Telecom of Kansas, Inc.		Birch Communications
Birch Telecom of Missouri, Inc.		Birch Communications
Birch Telecom of Oklahoma, Inc.		Birch Communications
Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
Birch Telecom of the Great Lakes, Inc.		Birch Communications
Birch Telecom of the West, Inc.		Birch Communications
Birch Communications of the Northeast, Inc.		Birch Communications
Ionex Communications North, Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		C	FCC Form 481 DMB Control No. 3060-0 uly 2013	986/OMB Control I	No. 3060-0819
<010>	Study Area Code	269045				
<015>	Study Area Name	Tempo Telecom LLC				
<020>	Program Year	2016				
-	Contact Name: Person USAC should contact					
	with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytemp	o.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required (check box whe	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached works	sheet)	(encer box with	
<200>	Outage Reporting (voice)		(complete attached works	sheet)		V
<210>		outages to report		Ĺ		
<300>	Unfulfilled Service Requests (voice)					
					1	
<310>	Detail on Attempts (voice)					
				(attach descriptive doc	ument)	
<320>	Unfulfilled Service Requests (broadband)			_		
222	Detail on Attempts (breadhand)			I		
<330>	Detail on Attempts (broadband)			(attach descriptive do	cument)	
<400>	Number of Complaints per 1,000 customers (voice)	<del></del>				·
<410> <420>	Fixed					
<430>	Number of Complaints per 1,000 customers (broads	oand)				111111
<440> <450>	Fixed Mobile					
<500>	Service Quality Standards & Consumer Protection R	l ules Compliance	(check to indicate certific	cation)		
<510>			(attached descriptive o	document)		
<600>	Functionality in Emergency Situations		(check to indicate certific	cation)		
			(attached descriptive doc	ument)		
<610>						
<700>	Company Price Offerings (voice)		(complete attached work	ksheet)		
<710>	Company Price Offerings (broadband)		(complete attached work			
<800> <900>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	/if ve	complete attached work) es, complete attached work			THE
	Voice Services Rate Comparability Certification	(9.75	sy complete actualica work			
			 ]			
<1010>	,		(attach descriptive docu	ıment)		
.2020						
<1100>	<ul> <li>Certify whether terrestrial backhaul options exist ()</li> </ul>	res or No)	] (if not, check to indicate	e certification)	П	111111
		, 00		i	<u> </u>	121212
<1110> <1200>	Terms and Condition for Lifeline Customers		(complete attached work		111111	
-1200/	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Worksh				<u> </u>
	Including Rate-of-Return Carriers affiliated with Pri		<del></del>			
<2000>	- · · · · · · · · · · · · · · · · · · ·	. 3	(check to indicate certific			
<2005>			(complete attached work	sneet)	i l	111111

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to  $\underline{\text{ROR Additional Documentation Worksheet}}$ 

<3000>

<3005>

	ervice Quality Improvement Reporting Ilection Form			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269045		
<015>	Study Area Name	Tempo Telecom LLC	!	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@myte	empo.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no )	00	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no )	$\bigcirc$	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a		
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year		Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How much (USF) was used to improve service quality and how support was used to impro	ove service quality		
<116>	How much (USF) was used to improve service coverage and how support was used to imp	prove service coverage		7
<117>	How much (USF) was used to improve service capacity and how support was used to improve	rove service capacity		Ī
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	269045
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start		Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	269045
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
L	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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L									•

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	269045
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

(800) Op	erating Companies		FCC Form 481	
Data Coll	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
			July 2013	
<010>	Study Area Code	269045		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.		

ر دور دور دور دور دور دور دور دور دور دور	Departing Couries	Tempo Telecom, LLC
<810>	Reporting Carrier	
<811>	<b>Holding Company</b>	Birch Equity Partners, LLC
<812>	Operating Company	Tempo Telecom, LLC

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
;			
•	See atta	ched workshe	eet
•			
,			
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•			
,			
•			
•			

	pal Lands Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. July 2013	3060-0819
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <0300 Contact Email Address - Email Address of person identified in data line <0300 Tribal Land(s) on which ETC Serves			
<920>	Tribal Government Engagement Obligation	Name of Attache	ed Document	
to confi	R(a)(9) includes:	Select Yes or No or Not Applicable		

(1100) N	Io Terrestrial Backhaul Reporting		FCC Form 481
Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269045	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	a	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

	erms and Condition for Lifeline Customers	FCC Form 481			
Lifeline	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
Data Con	ection Form	July 2013			
<010>	Study Area Code	269045			
<015>	Study Area Name	Tempo Telecom LLC			
<020>	Program Year	2016			
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler			
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com			
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans				
		Name of Attached Document			
<1220>	Link to Public Website HTTP ht	ttp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx			
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:					
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,				
<1222>	Details on the number of minutes provided as part of the plan,				
<1223>	Additional charges for toll calls, and rates for each such plan.				

(2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	20045	
<015>	Study Area Name	269045	
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016 Sharyi Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	shary1.fowler@mytempo.com	
		Shary1.10w1c1etty1cttp0.com	
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as	·	• ,, , • ,,
Connect	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform	ation reported on this form and in the documents attached belov	w is accurate.
.2040	Incremental Connect America Phase I reporting		7
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)i}		=
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}		<del>-</del>
<2011b	Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Document(s) Listing Re	equired Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}		
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}	<u></u>	
<2016>	• • • • • • • • • • • • • • • • • • • •		
12010	• • • • • • • • • • • • • • • • • • • •		
<2017>	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2018	ora year broadband octvice ecremication		
<2019	Still year broadband Service Certification		
<2020>		2021 contains the required information	
\20202	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support si	all provide the number, names, and	
	addresses of community anchor institutions to which began providing		
	preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions		
		Name of Attached Document(s)	Listing Required Information
			- :

(3000) Rate Of Return Carrier Additional Documentation			FCC Form 481	
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819	
			July 2013	
_				
<010>	Study Area Code Study Area Name	269045 Tempo Telecom LLC		
<020>	Program Year	Tempo Telecom LLC 2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler		
<035> <039>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.		
<0392	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com		
CHECK t	he boxes below to note compliance on its five year service quality plan (pursu			
	CFR § 54.313(1)(2). I further certify that	the information reported on this form and in the documents attach	ed below is accurate.	
(3010)	Progress Report on 5 Year Plan			
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}			
		Name of Attached Document Listing Required Informa	tion	
	Please check this box to confirm that the attached document(s), on line	3012 contains the required information pursuant to		
	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.	Iresses of community anchor institutions to which began		
	providing access to broadband service in the preceding calendar year.			
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
(3012)	Community Anchor institutions (47 CFR § 54.515(1)(1)(1))			
		Name of Attached Document Listing Required Information		
	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	$\langle \mathcal{Q} \rangle$	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)		
Please	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2	e) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for			
(2016)	Telecommunications Borrowers)	Pack Flavo		
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	<del></del>	
(2017)	If the response is use on line 2014 ottoch your company's DUC annual			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation			
	.,			
		Name of Attached Document Listing Required Information	<u></u>	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)		
	If the response is yes on line 3018, please check the boxes below to			
(3019)	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	f		
(3013)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to ROS Operating Report for Telecommunication	s	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	<b>L</b>	
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit		
	If the response is no on line 3018, please check the boxes below	,	<del>_</del>	
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),			
	contains:			
(3022)	Copy of their financial statement which has been subject to review by an			
	independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications			
	Borrowers,			
(3023)	Underlying information subjected to a review by an independent certified		<u> </u>	
(2021)	public accountant		<b>—</b>	
(3024) (3025)	Underlying information subjected to an officer certification.  Document(s) for Balance Sheet, Income Statement and Statement of 0	Cash Flows	4	
,- ,/	2003			
(3026)	Attach the worksheet listing required information			
		Name of Attached Document Listing Required Information		

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	269045
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

Financial Data Summary	
(3027) Revenue	
,	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3030) relephone riune in Service (1113)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	269045
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 269045 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	269045	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	

Sharyl Fowler

4784761165 ext.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports ar	is authorized to submit the information reported on behalf of the reporting carrier. responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized lata provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

Certification of Agent	uthorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
	ized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have proporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	ovided
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
ignature of Authorized Agent or Employee of Agent:  Date:		
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agen		
Telephone number of Authorized Agent or Employee of Ag	t:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment unde 18 of the United States Code, 18 U.S.C. § 1001.	er Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		269045
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
Bi	rch Equity Partners, LLC		
Bi	rch Communications Holdings, Inc.		
Bi	rch Communications, Inc.		
Bi	rch Telecom, Inc.		
Bi	rch Communications of Virginia, Inc.		Birch Communications
Bi	rch Communications of Kentucky, LLC	269043	Birch Communications
Cbe	eyond, Inc.		Birch
Cbe	eyond Communications, LLC		Birch
Bi	rch Telecom of Texas Ltd, L.L.P		Birch Communications
Bi	rch Telecom of Kansas, Inc.		Birch Communications
Bi	rch Telecom of Missouri, Inc.		Birch Communications
Bi	rch Telecom of Oklahoma, Inc.		Birch Communications
Bi	rch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
Bir	rch Telecom of the Great Lakes, Inc.		Birch Communications
Bir	rch Telecom of the West, Inc.		Birch Communications
Bi	rch Communications of the Northeast, Inc.		Birch Communications
Ioi	nex Communications North, Inc.		Birch Communications
IOI	nex Communications South, Inc.		Birch Communications
IOI	nex Communications Inc.		Birch Communications
IOI	nex Communications South, Inc.		Birch Communications
Ioi	nex Communications Inc.		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form OMB Cont July 2013	481 trol No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	419037		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.		
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytem	po.com	
ANNUA	AL REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(eneck box with complete)
<200>	Outage Reporting (voice)		(complete attached worksheet)	
<210> <300>	Unfulfilled Service Requests (voice)	o outages to report		
<310>	Detail on Attempts (voice)			
			(attach	descriptive document)
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)			
\330>	Jesus on Attempts (or Suddania)		(attac	h descriptive document)
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed			
<420>	Mobile			
<430> <440>	Number of Complaints per 1,000 customers (broadl	pand)		
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certification)	
<510>			(attached descriptive document	
<600>	Functionality in Emergency Situations		(check to indicate certification)	
			(attached descriptive document)	
<610>				
<700>	Company Price Offerings (voice)		(complete attached worksheet)	
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	
<800>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	/if	(complete attached worksheet) yes, complete attached worksheet)	
	Voice Services Rate Comparability Certification		yes, complete attached worksheety	
<1010>			(attach descriptive document)	
<1100>	> Certify whether terrestrial backhaul options exist (	res or No)	(if not, check to indicate certifica	tion)
<1110> <1200>	.  Terms and Condition for Lifeline Customers		(complete attached worksheet) (complete attached worksheet)	
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works		
	Including Rate-of-Return Carriers affiliated with Pr			
<2000> <2005>		_	(check to indicate certification)	
\ZUU3>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Work	(complete attached worksheet) sheet	

(check to indicate certification)

(complete attached worksheet)

<3000>

<3005>

	rvice Quality Improvement Reporting Ilection Form			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013	
<010>	Study Area Code	419037			
<015>	Study Area Name	Tempo Telecom LLC			
<020>	Program Year	2016			
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler			
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@myte	mpo.com		
<110>	Has your company received its ETC certification from the FCC?	(yes / no )	00		
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no )	$\cap \cap$		
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your cCETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a			
	Please select the appropriate responses below (Yes, No, Not Applicable) to confine that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year		Name of Attached Document	
<113>	Maps detailing progress towards meeting plan targets				
<114>	Report how much universal service (USF) support was received				
<115>	How much (USF) was used to improve service quality and how support was used to impro	ove service quality			
<116>	How much (USF) was used to improve service coverage and how support was used to imp	prove service coverage			
<117>	How much (USF) was used to improve service capacity and how support was used to improve	rove service capacity			
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			]	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	419037
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
		+										
							_					
	_											

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	419037
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

1/1/2015

702> Single State-wide Residential Local Service Charge

<703>

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
			(		Residential Local			Mandatory Extended Area	
ŀ	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	419037
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
ŀ									

(800) Op	erating Companies	FCC Form 481
Data Col	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	419037
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.

<810>	Reporting Carrier	Tempo Telecom, LLC
<811>	Holding Company	Birch Equity Partners
<812>	Operating Company	Tempo Telecom, LLC

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-			
-			
-	See atta	ched workshe	et
-			
-			
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-			
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-			

(900) Tribal Lands Reporting			FCC Form 481	
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3 July 2013	060-0819
			July 2013	
<010> Study Area Code		419037		
<015> Study Area Name		Tempo Telecom LLC		
<020> Program Year		2016		_
<030> Contact Name - Person USAC should contact regarding this data		Sharyl Fowler		
<035> Contact Telephone Number - Number of person identified in data lin		4784761165 ext.		
<039> Contact Email Address - Email Address of person identified in data lin	ie <030>	sharyl.fowler@mytempo.com		
<910> Tribal Land(s) on which ETC Serves				
<920> Tribal Government Engagement Obligation		Name of Attach	ed Document	
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes				
to confirm the status described on the attached document(s), on line 920,				
demonstrates coordination with the Tribal government pursuant to		Select		
§ 54.313(a)(9) includes:		es or No or ot Applicable		
<ul> <li>&lt;921&gt; Needs assessment and deployment planning with a focus on Tribal community anchor institutions.</li> <li>&lt;922&gt; Feasibility and sustainability planning;</li> <li>&lt;923&gt; Marketing services in a culturally sensitive manner;</li> <li>&lt;924&gt; Compliance with Rights of way processes</li> <li>&lt;925&gt; Compliance with Land Use permitting requirements</li> <li>&lt;926&gt; Compliance with Facilities Siting rules</li> <li>&lt;927&gt; Compliance with Environmental Review processes</li> </ul>				
<928> Compliance with Cultural Preservation review processes				
<929> Compliance with Tribal Business and Licensing requirements.				

(1100) N	Io Terrestrial Backhaul Reporting		FCC Form 481
Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419037	
<015>	•	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	rms and Condition for Lifeline Customers ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010×	Chudu Area Coda		
<010> <015>	Study Area Code Study Area Name	419037	
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016	
<035>	Contact Telephone Number - Number of person identified in data line <03	Sharyl Fowler  3> 4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <03		
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	N	ame of Attached Document
<1220>	Link to Public Website HTTP	http://www.mytempo.com/footer/Lifeling	e-Terms-and-Conditions.aspx
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,	]	
<1223>	Additional charges for toll calls, and rates for each such plan.	Ī	

(2000) Pric	ce Cap Carrier Additional Documentation	FCC Form 481
Data Colle	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
	, , , , , , , , , , , , , , , , , , , ,	
<010>	Study Area Code	,
<015>	Study Area Name	Welson 117
	Program Year	Telecom LLC
	Contact Name - Person USAC should contact regarding this data	Fowler
-	Contact Telephone Number - Number of person identified in data line <030>	ii165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	.iowler@mytempo.com
		. 20 m 22 m g Cango Com
		nt of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, an
Connect A	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform	sorted on this form and in the documents attached below is accurate.
420105	Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1)i)	
<2011a>	3rd Year Certification {47 CFR § 54.313(b)(1)ii}	
<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}	
		Name of Attached Document(s) Listing Required Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}	
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}	
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}	
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}	
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2016>	Certification Support Used to Build Broadband	
	''	
<2017>	Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification	
<2018>	5th year Broadband Service Certification	
<2019>	Interim Progress Certification	
<2020>	Please check the box to confirm that the attached document(s), on lin	contains the required information
	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support sh	ide the number, names, and
	addresses of community anchor institutions to which began providing	o broadband service in the
	preceding calendar year.	
-2024:	lateria. Decreas Community Angles Institutions	
<2021>	Interim Progress Community Anchor Institutions	
		1

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	410025	
<015>	Study Area Name	419037 Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com	
CHECK	he boxes below to note compliance on its five year service quality plan (pursu CFR § 54.313(f)(2). I further certify that	ant to 47 CFR 9 54.202(a)) and, for privately neld carriers, ensuring c the information reported on this form and in the documents attach	
(3010)	Progress Report on 5 Year Plan		
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Name of Attacked Daywood Listing Daywing durfaces	No.
		Name of Attached Document Listing Required Informa	tion
(3011)	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add		
	providing access to broadband service in the preceding calendar year.	nesses of community anchor institutions to which began	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
		Name of Attached Document Listing Required Information	) 🕜
	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report	(Yes/No) (Yes/No)	$\langle \triangleright \rangle$
	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(t)(2	) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	Cash Flows	
(3017)	If the response is yes on line 3014, attach your company's RUS annual		
	report and all required documentation		
		Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	$\cap$
(3016)		(resyno)	
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunication.	s [
		0.1.5	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit	
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
(3022)	independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications		
	Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		<del>                                      </del>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	<del></del>
(3026)	Attach the worksheet listing required information		
(3020)	Attach the worksheet iisting required illioithiduon		
		Name of Attached Document Listing Required Information	

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	419037
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

Financial Data Summary	
(3027) Revenue	
(3027) Nevenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(5050) relephone riant in service (1115)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	419037
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 419037 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419037	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	

Sharyl Fowler

4784761165 ext.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
I certify that (Name of Agent)		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
	ized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have proporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	ovided
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agen		
Telephone number of Authorized Agent or Employee of Ag	t:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment unde 18 of the United States Code, 18 U.S.C. § 1001.	er Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		419037
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners	
<812>	Operating Company	Tempo Telecom, LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Birch Equity Partners, LLC		
	Birch Communications Holdings, Inc.		
	Birch Communications, Inc.		
	Birch Telecom, Inc.		
	Birch Communications of Virginia, Inc.		Birch Communications
	Birch Communications of Kentucky, LLC	269043	Birch Communications
	Cbeyond, Inc.		Birch
	Cbeyond Communications, LLC		Birch
	Birch Telecom of Texas Ltd, L.L.P		Birch Communications
	Birch Telecom of Kansas, Inc.		Birch Communications
	Birch Telecom of Missouri, Inc.		Birch Communications
	Birch Telecom of Oklahoma, Inc.		Birch Communications
	Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
	Birch Telecom of the Great Lakes, Inc.		Birch Communications
	Birch Telecom of the West, Inc.		Birch Communications
	Birch Communications of the Northeast, Inc.		Birch Communications
	Ionex Communications North, Inc.		Birch Communications
	Ionex Communications South, Inc.		Birch Communications
	Ionex Communications Inc.		Birch Communications
_	Ionex Communications South, Inc.		Birch Communications
	Ionex Communications Inc.		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC FOI OMB Co July 201	ontrol No. 3060-0986/OMB Control I	No. 3060-0819
<010>	Study Area Code	329022			
<015>	Study Area Name	Tempo Telecom LLC			
<020>	Program Year	2016			
<030>	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.			
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytem	mpo.com		
ANNUA	AL REPORTING FOR ALL CARRIERS			54.313 Completion Required (check box who	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box who	THE REAL PROPERTY.
<200>	Outage Reporting (voice)		(complete attached worksheet)		V
<210> <300>	Unfulfilled Service Requests (voice)	o outages to report			
<310>	Detail on Attempts (voice)				
			(atta	ich descriptive document)	
<320>	Unfulfilled Service Requests (broadband)				
<330>	Detail on Attempts (broadband)				
<b>\330&gt;</b>	Setal on Attempts (or sadsand)		(att	tach descriptive document)	
<400>	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed				
<420>	Mobile				<u> </u>
<430> <440>	Number of Complaints per 1,000 customers (broadl	pand)			
<450>	Mobile				
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certification)		
<510>			(attached descriptive docume	ent)	
<600>	Functionality in Emergency Situations		(check to indicate certification)		
			(attached descriptive document)		
<610>					
<700>	Company Price Offerings (voice)		(complete attached worksheet)		
<710>	Company Price Offerings (broadband)		(complete attached worksheet)		
<800>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	1:5	(complete attached worksheet)		111111
	Voice Services Rate Comparability Certification		yes, complete attached worksheet)		
<1010>	>		(attach descriptive document)		
<1100>	> Certify whether terrestrial backhaul options exist (	res or No)	(if not, check to indicate certifi	ication)	
<1110> <1200>	Terms and Condition for Lifeline Customers		(complete attached worksheet) (complete attached worksheet)		
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Work			
	Including Rate-of-Return Carriers affiliated with Pr			N	
<2000> <2005>			(check to indicate certification)		
\ZUU3>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Work	(complete attached worksheet)  sheet		

(check to indicate certification)

(complete attached worksheet)

<3000>

<3005>

	ervice Quality Improvement Reporting Illection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	329022	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.co	mo
<110>	Has your company received its ETC certification from the FCC?	(yes / no )	0
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(ves / no )	$\bigcirc$
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How much (USF) was used to improve service quality and how support was used to improve	ve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to improve	ove service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	329022
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference	<b>Outage Start</b>	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	<b>Customers Affected</b>	<b>Total Number of</b>	Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
									1			

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	329022
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

> ]	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
ļ	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	329022
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
-									
-									
-									
_									

(800) Op	(800) Operating Companies			FCC Form 481
Data Coll	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		329022	
<015>	Study Area Name		Tempo Telecom LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person	USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Nur	mber - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address	- Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<810>	Reporting Carrier	Tempo Telecom, LLC		
<811>	Holding Company	Birch Equity Partners, LLC		

<812> Operating Company

Tempo Telecom, LLC

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-			
-			
-	See atta	ached workshe	et
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<u> </u>			

	bal Lands Reporting lection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-08:  July 2013	19
<010> <015> <020> <030> <035> <039>	Study Area Code  Study Area Name  Program Year  Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030:  Contact Email Address - Email Address of person identified in data line <030:  Tribal Land(s) on which ETC Serves	Tempo Telecom LLC  2016 Sharyl Fowler 4784761165 ext. sharyl.fowler@mytempo.com	
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
to confi demons	3(a)(9) includes:	Select /es or No or Not Applicable	

(1100) N	Io Terrestrial Backhaul Reporting		FCC Form 481
Data Col	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	329022	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	rms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	329022
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP h	tp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to a)(2) annual reporting for ETCs receiving low-income support, carriers must eport:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481	
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013	
<010>	Study Area Code	220022		
<015>	Study Area Name	329022		
<020>	Program Year	Tempo Telecom LLC		
<030>	Contact Name - Person USAC should contact regarding this data	2016 Sharyi Fowler		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	shary1.fowler@mytempo.com		
		Shary 1. Towici emy composition		
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as	•		
Connect	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform	ation reported on this form and in the documents attached below	v is accurate.	
42010s	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)i}			
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}			
<2011b	Attachment {47 CFR § 54.313(b)(1)ii}			
		Name of Attached Document(s) Listing Req	quired Information	
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}			
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}			
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}			
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}			
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}			
<2016>	• • • • • • • • • • • • • • • • • • • •			
\2010>	• • • • • • • • • • • • • • • • • • • •			
<2017>	Connect America Phase II Reporting {47 CFR § 54.313(e)}			
<2017	ora year broadband service certification			
<2019	Still year broadband Service Certification			
<2020>		2024		
<20202	<ul> <li>Please check the box to confirm that the attached document(s), on lingursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support significant to § 54.313 (e)(3)(iii), as a recipient to § 54.313 (e)(3)(iiii), as a recipient to § 54.313 (e)(3)(iiiii), as a recipient to § 54.313 (e)(3)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>	2021,contains the required information		
	addresses of community anchor institutions to which began providing			
	preceding calendar year.			
<2021>	Interim Progress Community Anchor Institutions			
		Name of Attached Document(s) L	isting Required Information	
		Name of Attached Document(s) L	some nequired information	

	nte Of Return Carrier Additional Documentation			3060-0986/OMB Control No. 3060-0819
			July 2013	
- <010>	Study Area Code	329022		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year	2016		
<030> <035>	Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>	Sharyl Fowler 4784761165 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com		
CHECK t	he boxes below to note compliance on its five year service quality plan (pursua		npliance with the fir	nancial reporting requirements set forth in 47
	CFR § 54.313(f)(2). I further certify that t	he information reported on this form and in the documents attached	below is accurate.	1
(3010)	Progress Report on 5 Year Plan			
(2010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}			
		Name of Attached Document Listing Required Information	n	ı
	Please check this box to confirm that the attached document(s), on line 3			
	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addr providing access to broadband service in the preceding calendar year.			
			l	
(05:-7			l	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		l	
		Name of Attached Document Listing Required Information	$\overline{}$	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	$\cup$	
	If yes, does your company file the RUS annual report	(Yes/No)	$\bigcirc$	
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2) c	compliance require	s:
	Electronic copy of their annual RUS reports (Operating Report for	]	,	-
(3013)	Telecommunications Borrowers)	'	<del></del>	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual			
	report and all required documentation			
		Name of Attached Document Listing Required Information		ı
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	$\bigcirc$	
(2320)		( 13/13/ 🖸		
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a f	ormat comparable to RUS Operating Report for Telecommunications		
		Γ	一	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	asn Flows	<u></u>	
(3021)	Management letter and audit opinion issued by the independent certified p	ublic accountant that performed the company's financial audit	Ш	
	If the response is no on line 3018, please check the boxes below			
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:			
(2022)				
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a	l		
	format comparable to RUS Operating Report for Telecommunications			
	Borrowers,	ı		
(3023)	Underlying information subjected to a review by an independent certified	l I		
(3024)	public accountant Underlying information subjected to an officer certification.		<del>├</del> ┤	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	<del></del>	
	·			
105				
(3026)	Attach the worksheet listing required information			
			J	
	L	Name of Attached Document Listing Required Information		

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	329022
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
		<del>-</del>

Financial Data Summary	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(2020) T. I. I. B. J. G. (TDIC)	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
(3034) Dividends	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	329022
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer:  $^{\mathrm{CFO}}$ 

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 329022 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	329022	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	

4784761165 ext.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

I certify that (Name of Agent) also certify that I am an officer of the reporting carr agent; and, to the best of my knowledge, the repor	is authorized to submit the information reported on behalf of the reporting ca by responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the author data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this f	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

<035> Contact Telephone Number - Number of person identified in data line <030>

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
	norized to submit the annual reports for universal service support recipreporting carrier; and, to the best of my knowledge, the information r	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent: Date:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 1934, 18 of the United States Code, 18 U.S.C. § 1001.	, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		329022
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Birch Equity Partners, LLC	<u>†</u>	
Birch Communications Holdings, Inc.		
Birch Communications, Inc.		
Birch Telecom, Inc.		
Birch Communications of Virginia, Inc.		Birch Communications
Birch Communications of Kentucky, LLC	269043	Birch Communications
Cbeyond, Inc.		Birch
Cbeyond Communications, LLC		Birch
Birch Telecom of Texas Ltd, L.L.P		Birch Communications
Birch Telecom of Kansas, Inc.		Birch Communications
Birch Telecom of Missouri, Inc.		Birch Communications
Birch Telecom of Oklahoma, Inc.		Birch Communications
Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
Birch Telecom of the Great Lakes, Inc.		Birch Communications
Birch Telecom of the West, Inc.		Birch Communications
Birch Communications of the Northeast, Inc.		Birch Communications
Ionex Communications North, Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		C	CCC Form 481 DMB Control No. 3060-0 uly 2013	986/OMB Control N	lo. 3060-0819
<010>	Study Area Code	359142				
<015>	Study Area Name	Tempo Telecom LLC				
<020>	Program Year	2016				
-	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytempo	o.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required (check box whe	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached works	sheet)	(check box whe	in complete)
<200>	Outage Reporting (voice)		(complete attached works	sheet)		~
<210>	< check box if no	outages to report				
<300>	Unfulfilled Service Requests (voice)			٦		
∠310 <b>\</b>	Detail on Attempts (voice)					
<b>\310&gt;</b>	betail of Attempts (voice)					
				(attach descriptive doc	rument)	
		+				11111
<320>	Unfulfilled Service Requests (broadband)			٦		
<330>	Detail on Attempts (broadband)					
				(attach descriptive do	ocument)	
<400>	Number of Complaints per 1,000 customers (voice)					
<410>	Fixed					
<420>	Mobile					
<430> <440>	Number of Complaints per 1,000 customers (broadl	band)				11/1//
<450>	Mobile					
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certific	cation)		
<510>			(attached descriptive	document)		
<600>	Functionality in Emergency Situations		(check to indicate certific	cation		
1000	Tunetionality in Emergency Stautions		encer to malcute certific	.daon,		
			(attached descriptive doc	ument)		
<610>						
4 <b>7</b> 005	Company Dries Officials (Assistant)				H	11111
<700>	Company Price Offerings (voice) Company Price Offerings (broadband)		(complete attached work			
<800>	Operating Companies and Affiliates		(complete attached work			V
<900>	Tribal Land Offerings (Y/N)?	(if ye.	s, complete attached work	sheet)		
<1000>	Voice Services Rate Comparability Certification			l		
<1010>	•		(attach descriptive docu	ment)		
<1100>	Certify whether terrestrial backhaul options exist (	Yes or No)	(if not, check to indicat	e certification)		
<1110>			(complete attached wor	ksheet)		
<1200>	Terms and Condition for Lifeline Customers		(complete attached work	ksheet)		V
	Price Cap Carriers, Proceed to Price Cap Additional					
<2000>	Including Rate-of-Return Carriers affiliated with Pr	ice Cap Local Exchange (	Carriers (check to indicate certific	ation)		11111
<2005>			(complete attached work			111111

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to  $\underline{\text{ROR Additional Documentation Worksheet}}$ 

<3000>

<3005>

	ervice Quality Improvement Reporting Illection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	359142	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no )	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How much (USF) was used to improve service quality and how support was used to improve	ve service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service coverage	
<117>	How much (USF) was used to improve service capacity and how support was used to improve	ove service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359142
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
		+										
							_					
	_											

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	359142
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359142
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
-									
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(800) Op	erating Companies			FCC Form 481
Data Coll	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		359142	
<015>	Study Area Name		Tempo Telecom LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person	USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Nur	nber - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address	- Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<810>	Reporting Carrier	Tempo Telecom, LLC		
<811>	Holding Company	Birch Equity Partners, LLC		

<812> Operating Company

Tempo Telecom, LLC

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-			
=			
-	See atta	ached workshe	et
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<u>-</u>			

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030 <039> Contact Email Address - Email Address of person identified in data line <030 <910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	
§ 54.313(a)(9) includes:	Select Yes or No or Not Applicable

(4400) -		
	lo Terrestrial Backhaul Reporting llection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	359142
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	а
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	3 kbps

(1200) Te	erms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<b>Data Coll</b>	ection Form	July 2013
<010>	Study Area Code	359142
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP	nttp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, obsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) P	rice Cap Carrier Additional Documentation	FCC Form	481
Data Col	llection Form	OMB Cont	trol No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013	
	, , , , , , , , , , , , , , , , , , ,	-	-
<010>	Study Area Code		
<015>	Study Area Name	359142	
<020>	Program Year	Tempo Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	2016	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Sharyi Fowler	
<039>	Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext.	
		shary1.fowler@mytempo.com	
		recipient of Incremental Connect America Phase I support, frozen High Cost support, Hi	gh Cost support to offset access charge reductions, ar
Connect	: America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforn	tion reported on this form and in the documents attached below is accurate.	
	Incremental Connect America Phase I reporting		
<2010>			
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}		
<2011b	> Attachment {47 CFR § 54.313(b)(1)ii}		
		Name of Attached Document(s) Listing Required Information	
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012			
<2013	> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}		
<2014	> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		
<2015	> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016	• • • • • • • • • • • • • • • • • • • •		
<b>\2010</b> .			
<2017	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017	31d year broadband Service Certification		
<2019	Still your broadballa Scribe Certification		
		2024	
<2020	Please check the box to confirm that the attached document(s), on lin pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support sl	2021, contains the required information	
	addresses of community anchor institutions to which began providing		
	preceding calendar year.		
	·		
<2021	> Interim Progress Community Anchor Institutions		
		Name of Attached Document(s) Listing Required Information	

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481	
Data Coll	ection Form		OMB Control No.	3060-0986/OMB Control No. 3060-0819
			July 2013	
-				
<010> <015>	Study Area Code Study Area Name	359142		
<020>	Program Year	Tempo Telecom LLC 2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler		
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com		
10332	contact Email Address Email Address of person deficined in data line 3050	SHAIYI.IOWIEI@MYCEMPO.COM		
CHECK t	he boxes below to note compliance on its five year service quality plan (pursu	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring c the information reported on this form and in the documents attache	•	ancial reporting requirements set forth in 47
	City 3-3.313(1)(2). Huttier termy that	the information reported on this form and in the documents attache	ed below is accurate.	1
(3010)	Progress Report on 5 Year Plan			
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}			
		Name of Attached Document Listing Required Informa	tion	
	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.			
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
		Name of Attached Document Listing Required Information		
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	Q	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	)(C)	
Please	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2	) compliance requires	s:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)			
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	Cash Flows		_
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation			
		Name of Attached Document Listing Required Information		1
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	$\mathbf{C}$	
	If the response is yes on line 3018, please check the boxes below to	_		
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		·	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunications	s [	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows		
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit		
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	, , , , , , , , , , , , , , , , , , ,	<del></del>	
	contains:			
(3022)	Copy of their financial statement which has been subject to review by an			
	independent certified public accountant; or 2) a financial report in a			
	format comparable to RUS Operating Report for Telecommunications Borrowers,			
(3023)	Underlying information subjected to a review by an independent certified			
(3023)	public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	<del></del>	
(3026)	Attach the worksheet listing required information			
		Name of Attached Document Listing Required Information		

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359142
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
		<del>-</del>

Financial Data Commons	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
()	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3033) Total Equity	
(3034) Dividends	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359142
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 359142 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359142	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	

4784761165 ext.

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

<035> Contact Telephone Number - Number of person identified in data line <030>

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier						
I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting car also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.						
Name of Authorized Agent:						
Name of Reporting Carrier:						
Signature of Authorized Officer:	Date:					
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					
Persons willfully making false statements on this form	on be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	uthorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
	ized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have proporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	ovided				
Name of Reporting Carrier:						
Name of Authorized Agent or Employee of Agent:						
Signature of Authorized Agent or Employee of Agent: Date:						
Printed name of Authorized Agent or Employee of Agent:						
Title or position of Authorized Agent or Employee of Agent						
Telephone number of Authorized Agent or Employee of Ag	t:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					
Persons willfully making false statements on this form	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment unde 18 of the United States Code, 18 U.S.C. § 1001.	er Title				



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		359142
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Er	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

Inc.  a, Inc.  y, LLC	SAC 269043	Birch Communications Birch Communications
a, Inc.	269043	
a, Inc.	269043	
	269043	
	269043	
	269043	
Ty, LLC	269043	Rirch Communications
		DITCH COMMUNICACIONS
		Birch
		Birch
.P		Birch Communications
		Birch Communications
		Birch Communications
		Birch Communications
1.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
es, Inc.		Birch Communications
		Birch Communications
theast, Inc.		Birch Communications
! <b>.</b>		Birch Communications
!.		Birch Communications
		Birch Communications
1.		Birch Communications
		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		C	FCC Form 481 DMB Control No. 3060-0 July 2013	986/OMB Control I	No. 3060-0819
<010>	Study Area Code	629009				
<015>	Study Area Name	Tempo Telecom LLC				
<020>	Program Year	2016				
-	Contact Name: Person USAC should contact					
	with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytemp	oo.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached works	sheet)	(circui box with	
<200>	Outage Reporting (voice)		(complete attached works	sheet)		~
<210>		outages to report		ſ		
<300>	Unfulfilled Service Requests (voice)			_ _		
<310>	Detail on Attempts (voice)					
				(attach descriptive doc	ument)	
		<del>_</del>				
<320>	Unfulfilled Service Requests (broadband)			_		
222	Detail on Attempts (breadhand)			Г		
<330>	Detail on Attempts (broadband)			(attach descriptive do	cument)	
<400>	Number of Complaints per 1,000 customers (voice)					<u>-</u>
<410> <420>	Fixed					
<430>	Number of Complaints per 1,000 customers (broads	pand)				111111
<440> <450>	Fixed Mobile					
<500>	Service Quality Standards & Consumer Protection R	l ules Compliance	(check to indicate certific	cation)		
<510>			(attached descriptive (	document)		
<600>	Functionality in Emergency Situations		(check to indicate certific	cation)		
			(attached descriptive doc	ument)		
<610>						
<700>	Company Price Offerings (voice)		(complete attached work	ksheet)		
<710>	Company Price Offerings (broadband)		(complete attached work			7
<800> <900>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	(if v	complete attached work es, complete attached work			11111
	Voice Services Rate Comparability Certification		es, complete attached work			
			 1			
<1010>	,		(attach descriptive docu	ıment)		
.2020						
<1100>	<ul> <li>Certify whether terrestrial backhaul options exist ()</li> </ul>	(es or No)	☐ (if not, check to indicate	e certification)	П	.,,,,,,,,
		, 00		i		111111
<1110> <1200>	Terms and Condition for Lifeline Customers		(complete attached work (complete attached work		111111	V
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Worksl		,		
	Including Rate-of-Return Carriers affiliated with Pri					
<2000>	-	3	(check to indicate certific			
<2005>			(complete attached work	(sneet)		10000

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to  $\underline{\text{ROR Additional Documentation Worksheet}}$ 

<3000>

<3005>

-	ervice Quality Improvement Reporting Illection Form			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	629009		
<015>	Study Area Name	Tempo Teleco	m LLC	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowle		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 e	ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowle	er@mytempo.com	
<110>	Has your company received its ETC certification from the FCC?	(yes	s/no) O O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	lvas	s/no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a		
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	-year		Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service quality	у	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service cov	erage	
<117>	How much (USF) was used to improve service capacity and how support was used to impr	ove service capa	ncity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	629009
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference		Outage Start		Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	629009
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	629009
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

(800) Operating Companies		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
2010 Study Area Cada	600000	

<010>	Study Area Code		629009
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person U	ISAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Numb	ber - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - E	Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-	See atta	ched worksh	et
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	oal Lands Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. July 2013	3060-0819
<010>	Study Area Code	629009		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler 4784761165 ext.		
<035> <039>	Contact Telephone Number - Number of person identified in data line <0302 Contact Email Address - Email Address of person identified in data line <030			
	Tribal Land(s) on which ETC Serves	SHALY1.10WIELWHUY LEHDO.COM		
<920>	Tribal Government Engagement Obligation	Name of Attach	ed Document	
to confir demons	(a)(9) includes:	Select Yes or No or Not Applicable		
<921> <922> <923> <924> <925> <926> <927> <928>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  Compliance with Land Use permitting requirements  Compliance with Facilities Siting rules  Compliance with Environmental Review processes  Compliance with Cultural Preservation review processes			
<929>	Compliance with Tribal Business and Licensing requirements.			

/4400\ A	to Townshift Doubles of December 2			
-	Io Terrestrial Backhaul Reporting Ilection Form		FCC Form 481 OMB Control No. July 2013	3060-0986/OMB Control No. 3060-0819
<010> <015> <020> <030>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data	629009 Tempo Telecom LLC 2016 Sharyl Fowler		
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com		
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).			
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps		

	rms and Condition for Lifeline Customers	FCC Form 481
Lifeline Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	629009
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP ht	ttp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Pr	ice Cap Carrier Additional Documentation			FCC Form 481
Data Col	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013
<010>	Study Area Code	£20000		
<015>	Study Area Name	629009		
<020>	Program Year	Tempo Telecom LLC		
<030>	Contact Name - Person USAC should contact regarding this data	2016 Sharyl Fowler		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	shary1.fowler@mytempo.com		
		Shary1.10wiel@mycempo.com		
	e appropriate responses below (Yes, No, Not Applicable) to note compliance as America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inforr	•		
Connect		ation reported on this form and in the	documents attached below is accura	ate.
<2010>	Incremental Connect America Phase I reporting 2nd Year Certification {47 CFR § 54.313(b)(1)i}			
<2010>		Ē		
<2011a	310 feat Certification (47 Crk § 34.313(b)(1)))			
<2011b	Attachment {47 CFR § 54.313(b)(1)ii}			
		Name of	the short December 1/2) Listing December 1/2	
		Name of A	Attached Document(s) Listing Required Info	rmation
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}			
<2013>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}			
<2014>	2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}			
<2015>	2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))			
<2016>	Certification Support Used to Build Broadband			
	Connect America Phase II Reporting {47 CFR § 54.313(e)}			
<2017>				
<2018				
<2019				
<2020>	Please check the box to confirm that the attached document(s), on lir	e 2021 contains the required inform	nation [	
	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s	nall provide the number, names, and	1	
	addresses of community anchor institutions to which began providing	access to broadband service in the		
	preceding calendar year.			
×20245	Interim Progress Community Anchor Institutions			
<2021>	Interim Progress Community Anchor Institutions			
		<del></del> ,	Name of Attached Document(s) Listing Requ	uired Information

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	629009	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030> <035>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com	
CHECK	he boxes below to note compliance on its five year service quality plan (pursu CFR § 54.313(f)(2). I further certify that	ant to 47 CFR 9 54.202(a)) and, for privately neld carriers, ensuring c the information reported on this form and in the documents attach	· · · · · · · · · · · · · · · · · · ·
(3010)	Progress Report on 5 Year Plan		
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}		
		Name of Attached Document Listing Required Informa	tion
(2011)	Please check this box to confirm that the attached document(s), on line		
	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.	resses of community anchor institutions to which began	
	providing decess to broadband service in the proceeding edicited year.		
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(3012)	Community Anchor institutions (47 CFK § 54.515(1)(1)(1))		
		Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<b>∤</b> [○
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	)()
Please	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2	) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for		
(,	Telecommunications Borrowers)		<u>—</u>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	<u> </u>
(3017)	If the response is yes on line 3014, attach your company's RUS annual		
	report and all required documentation		
		Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	)i(()
(,			
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunication	s
	Description (1-) for Boloma Object Income Object and Ob	Ocal Flavor	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit	L
	If the response is no on line 3018, please check the boxes below		
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(2022)			_
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications		
	Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified		
(2024)	public accountant Underlying information subjected to an officer certification.		<b>├</b> ─┤
(3024) (3025)	Document(s) for Balance Sheet, Income Statement and Statement of 0	Cash Flows	4
. ,	, , , , , , , , , , , , , , , , , , ,		
(3026)	Attach the worksheet listing required information		
		Name of Attached Document Listing Required Information	

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	629009
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com
		<del>-</del>

Financial Data Summary	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
. , ,	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
(303 I) Dividends	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	629009	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

#### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 629009 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	629009
<015> Study Area Name	Tempo Telecom LLC

<010>	Study Area Code		
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the autagent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
, ,	Filing Due Date for this form:  e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipients	on Behalf of Reporting Carrier
	norized to submit the annual reports for universal service support reci reporting carrier; and, to the best of my knowledge, the information r	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 1934 18 of the United States Code, 18 U.S.C. § 1001.	, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		629009
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Numbe	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Birch Equity Partners, LLC		
Birch Communications Holdings, Inc.		
Birch Communications, Inc.		
Birch Telecom, Inc.		
Birch Communications of Virginia, Inc.		Birch Communications
Birch Communications of Kentucky, LLC	269043	Birch Communications
Cbeyond, Inc.		Birch
Cbeyond Communications, LLC		Birch
Birch Telecom of Texas Ltd, L.L.P		Birch Communications
Birch Telecom of Kansas, Inc.		Birch Communications
Birch Telecom of Missouri, Inc.		Birch Communications
Birch Telecom of Oklahoma, Inc.		Birch Communications
Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
Birch Telecom of the Great Lakes, Inc.		Birch Communications
Birch Telecom of the West, Inc.		Birch Communications
Birch Communications of the Northeast, Inc.		Birch Communications
Ionex Communications North, Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		•	FCC Form 481 OMB Control No. 3060-0 July 2013	986/OMB Control I	No. 3060-0819
<010>	Study Area Code	229024				
<015>	Study Area Name	Tempo Telecom LLC				
<020>	Program Year	2016				
-	Contact Name: Person USAC should contact with questions about this data	Sharyl Fowler				
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4784761165 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	sharyl.fowler@mytempo	o.com			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required (check box who	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached work	sheet)	(creek box write	
<200>	Outage Reporting (voice)		(complete attached work	sheet)		~
<210>	< check box if no	outages to report		Γ		
<300>	Unfulfilled Service Requests (voice)					
<b>∠210</b> ∖	Detail on Attempts (voice)					
<b>\310&gt;</b>	betail off Attempts (voice)					
				(attach descriptive doc	ument)	
		<del></del>				
<320>	Unfulfilled Service Requests (broadband)			$\neg$		
<330>	Detail on Attempts (broadband)					
13302	,			(attach descriptive do	ocument)	
4400s	Number of Compleints and 1000 portugues (value)					
<400> <410>	Number of Complaints per 1,000 customers (voice)  Fixed					
<420>	Mobile					
<430>	Number of Complaints per 1,000 customers (broadl	band)				IIIIII
<440> <450>	Fixed Mobile					
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certifi	cation)		
<510>			(attached descriptive	document)		
.000						
<600>	Functionality in Emergency Situations		(check to indicate certifi	cation)		
			(attached descriptive doc	rument)		
<610>			, , , , , , , , , , , , , , , , , , , ,	•		
	Company Price Offerings (voice)		(complete attached work			
<710> <800>	Company Price Offerings (broadband) Operating Companies and Affiliates		(complete attached work (complete attached work			
	Tribal Land Offerings (Y/N)?	(if ye.	s, complete attached wor	ſ		1711111
<1000>	Voice Services Rate Comparability Certification			l		
<1010>	>		(attach descriptive docu	ıment)		
<1100>	> Certify whether terrestrial backhaul options exist (	Yes or No)	(if not, check to indicat	e certification)		
<1110>		<b>3 3</b>	(complete attached wor	ksheet)		
	· Terms and Condition for Lifeline Customers		(complete attached wor	·		
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Worksh	eet			
<2000>	Including Rate-of-Return Carriers affiliated with Pr	ice Cap Local Exchange (		cation	<del></del>	11111
<2000 <i>&gt;</i>			(check to indicate certific			

(check to indicate certification)

(complete attached worksheet)

Rate of Return Carriers, Proceed to  $\underline{\text{ROR Additional Documentation Worksheet}}$ 

<3000>

<3005>

	ervice Quality Improvement Reporting Ollection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	229024		
<015>	Study Area Name	Tempo Telec	om LLC	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowl	er	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165	ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowl	er@mytempo.com	
<110>	Has your company received its ETC certification from the FCC?	(ye	es / no ) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(ve	es / no ) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a		
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	e-year		Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service quali	ty	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service cov	verage	
<117>	How much (USF) was used to improve service capacity and how support was used to impr	ove service cap	acity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	229024
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	<b>Customers Affected</b>		Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
							_			·		

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	229024
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

> [	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
Ī	•				Residential Local		_	Mandatory Extended Area	
ļ	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	229024
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
ŀ									

(800) Ope	erating Companies			FCC Form 481
Data Coll	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		229024	
<015>	Study Area Name		Tempo Telecom LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person	USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Nur	mber - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address	- Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<810>	Reporting Carrier	Tempo Telecom, LLC		
<811>	Holding Company	Birch Equity Partners, LLC		

Tempo Telecom, LLC

<812> Operating Company

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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•			
•	See atta	ched workshe	et
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	oal Lands Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0 July 2013	819
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
to confi demons	R(a)(9) includes:	Select Yes or No or Not Applicable	

-	Io Terrestrial Backhaul Reporting		FCC Form 481
Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
			July 2013
<010>	Study Area Code	229024	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	a	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	erms and Condition for Lifeline Customers	FCC Form 481		
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819		
<b>Data Coll</b>	ection Form	July 2013		
•				
<010>	Study Area Code	229024		
<015>	Study Area Name	Tempo Telecom LLC		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com		
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
		Name of Attached Document		
<1220>	Link to Public Website HTTP	nttp://www.mytempo.com/footer/Lifeline-Terms-and-Conditions.aspx		
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:				
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,			
<1222>	Details on the number of minutes provided as part of the plan,			
<1223>	Additional charges for toll calls, and rates for each such plan.			

Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers  ### 2010- Study Area Code  ### 2010- Study Area Name  ### 2010- Program Name  ### 1990- Testatoon   July 2013  ### 2015- Control Testage Person USAC should contact regarding this data  ### 2016- Control Testage Person USAC should contact regarding this data  ### 2016- Control Testage Person USAC should contact regarding this data  ### 2016- Control Testage Person USAC should contact regarding this data  ### 2016- Control Testage Person USAC should contact regarding this data  ### 2016- Control Testage Person USAC should contact regarding this data  ### 2016- Control Testage Person Usac Should Interest of Person Identified in data line <0.030-  ### 2016- Control Testage Person Usac Should Interest of Person Identified in data line <0.030-  ### 2016- Control Testage Person Usac Should Interest of Person Identified in data line <0.030-  ### 2016- Control Testage Person Usac Should Interest of Person Identified in data line <0.030-  ### 2016- Control Testage Person Usac Should Interest of Person Identified in data line <0.030-  ### 2016- Control Testage Person Usac Should Interest of Person Usac Should Interest	(2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Collos Study Area Code  Olios Study Area Name  Program Year  Olios Study Area Name  Olios Study Area Name  Olios Study Area Name  Olios Study Area Name  Olios Contact Telephone Number - Number of person identified in data line collos  Olios Contact Telephone Number - Number of person identified in data line collos  Olios Contact Telephone Number - Number of person identified in data line collos  Olios Contact Telephone Number - Number of person identified in data line collos  Olios Contact Telephone Number - Number of person identified in data line collos  Olios Contact Email Address - Email Address of person identified in data line collos  Olios Contact Email Address - Sensi Indentified in data line collos  Olios Contact Email Address - Email Address of person identified in data line collos  Olios Contact Email Address - Email Address of person identified in data line collos  Olios Contact Email Address - Email Address of person identified in data line collos  Olios Contact Email Address - Email Address of person identified in data line collos  Olios Contact Email Address - Email Address of person identified in data line collos  Olios Contact Email Address - Email Address of person identified in data line collos  Olios Contact Email Address - Email Address of person identified in data line collos  Olios Contact Email Address - Email Address of person identified in data line collos  Olios Contact Email Address - Email Address of person identified in data line collos  Olios Contact Canada Contact America Pasa Sala (III)  Olios Contact Canada Contact America Pasa Sala (III)  Name of Attached Document(s) Usting Required Information  nformation Information Information Information Information Information Information Information Information Information Information Information Information I	Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Contact Name   Person USAC should contact regarding this data   2015	Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
Contact Name   Person USAC should contact regarding this data   2015		•		
CODD. Program Year  CODD.	<010>	Study Area Code	220024	
2015 Contact Name - Person USAC should contact regarding this data 2015 Contact Telephone Number - Number of person identified in data line <030> 2015 Contact Telephone Number - Number of person identified in data line <030> 2015 Contact Email Address - Email Address of person identified in data line <030> 2015 Contact Email Address - Email Address of person identified in data line <030> 2015 Contact Email Address - Email Address of person identified in data line <030> 2015 Contact Email Address - Email Address of person identified in data line <030> 2015 Contact Email Address - Email Address of person identified in data line <030> 2016 Contact Email Address - Email Address of person identified in data line <030> 2017 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030> 2018 Contact Email Address - Email Address of person identified in data line <030 2018 Contact Email Address of person identified in data line <030 2019 Contact Email Address of person identified in data line <030* 2019 Contact Email Address of person identified in data line <030* 2019 Contact Email Address of perso	<015>	Study Area Name		
Contact Telephone Number - Number of person identified in data line <030> Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase II support as set forth in 47 CFR § 54.313(b),(1)    2010	<020>	•		
Contact Templifore Number - Number of person identified in data line				

(3000) R	ate Of Return Carrier Additional Documentation		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	229024	
<015>	Study Area Code Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030> <035>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	4784761165 ext. sharyl.fowler@mytempo.com	
CHECK	the boxes below to note compliance on its five year service quality plan (pursus)  CFR § 54.313(f)(2). I further certify that	ant to 47 CFR § 54.202(a)) and, for privately neld carriers, ensuring c the information reported on this form and in the documents attache	
(3010)	Progress Report on 5 Year Plan		
	Milestone Certification {47 CFR § 54.313(f)(1)(i)}		<u></u>
		Name of Attached Document Listing Required Information	tion
(3011)	Please check this box to confirm that the attached document(s), on line		
(3011)	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add providing access to broadband service in the preceding calendar year.	resses of community anchor institutions to which began	
	,		
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(5012)	Community / monor institutions (1) Grit 3 3 1325(1)(2)(11)		
		Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	$\mathbb{Q}$
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	)()
Please	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2	) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for		
	Telecommunications Borrowers)		
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows	<u> </u>
(3017)	If the response is yes on line 3014, attach your company's RUS annual		
	report and all required documentation		
		Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	) <del>(</del> ()
	If the response is yes on line 3018, please check the boxes below to	~	
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunications	s [
(2020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	
(3020)			
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit	
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
()	independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications		
	Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		<del> </del>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Q	Cash Flows	<u></u>
/ac			
(3026)	Attach the worksheet listing required information		
		Name of Attached Document Listing Required Information	

(3000) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	229024
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

Financial Data Commons	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
(222.7) =22	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	229024
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	sharyl.fowler@mytempo.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

## Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Tempo Telecom LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2015

Printed name of Authorized Officer: Scott Murphy

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 6784242400 ext.

Study Area Code of Reporting Carrier: 229024 Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	229024	
<015>	Study Area Name	Tempo Telecom LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sharyl Fowler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4784761165 ext.	

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> sharyl.fowler@mytempo.com

	is authorized to submit the information reported on behalf of the reporting car my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authori d data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this	ran be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipients	on Behalf of Reporting Carrier
	norized to submit the annual reports for universal service support recipreporting carrier; and, to the best of my knowledge, the information r	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 1934, 18 of the United States Code, 18 U.S.C. § 1001.	, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		229024
<015>	Study Area Name		Tempo Telecom LLC
<020>	Program Year		2016
<030>	Contact Name - Person US	AC should contact regarding this data	Sharyl Fowler
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	4784761165 ext.
<039>	Contact Email Address - En	nail Address of person identified in data line <030>	sharyl.fowler@mytempo.com
<810>	Reporting Carrier	Tempo Telecom, LLC	
<811>	Holding Company	Birch Equity Partners, LLC	
<812>	Operating Company	Tempo Telecom, LLC	

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Birch Equity Partners, LLC		
Birch Communications Holdings, Inc.		
Birch Communications, Inc.		
Birch Telecom, Inc.		
Birch Communications of Virginia, Inc.		Birch Communications
Birch Communications of Kentucky, LLC	269043	Birch Communications
Cbeyond, Inc.		Birch
Cbeyond Communications, LLC		Birch
Birch Telecom of Texas Ltd, L.L.P		Birch Communications
Birch Telecom of Kansas, Inc.		Birch Communications
Birch Telecom of Missouri, Inc.		Birch Communications
Birch Telecom of Oklahoma, Inc.		Birch Communications
Birch Telecom of the South, Inc.		Birch Communications dba Birch Communications of the South dba Birch Communications of the Southeast dba Birch Telecom dba Birch
Birch Telecom of the Great Lakes, Inc.		Birch Communications
Birch Telecom of the West, Inc.		Birch Communications
Birch Communications of the Northeast, Inc.		Birch Communications
Ionex Communications North, Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications
Ionex Communications South, Inc.		Birch Communications
Ionex Communications Inc.		Birch Communications